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The West Virginia Medical Journal

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Mesenteric Arterial Insufficiency (Abdominal Angina)*†

William S. Middleton, M. D.

From the widening interest in the degenerative disorders of an aging population, increased attention is being devoted to the cardiovascular system. In fact, in the aggregate, diseases of the heart and great vessels now replace the infectious diseases as "the captain(s) of all these men of death." Appropriately, by reason of their order of incidence and the impressive nature of the symptomatology and consequences, cerebral and coronary arterial encroachment have received disproportionate attention among vascular diseases of the various viscera. This circumstance should not blind us to the common ubiquitous distribution of atherosclerosis and the not infrequent occurrence of embolism and thrombosis in the major arteries of the abdomen.

Among the nutrient channels to the gastrointestinal tract, the superior mesenteric artery is especially vulnerable in this respect. Arising from the abdominal aorta, it is responsible for the blood supply of the small intestine and proximal half of the colon. Its potential supporting anastomoses include the communications of its branch, the inferior pancreaticoduodenal with the superior pancreaticoduodenal from the gastroduodenal branch of the hepatic artery and its ileocolic branch with terminal divisions of the superior mesenteric artery itself. The superior mesenteric artery is the most common site of the atherosclerosis in the abdominal branches of the aorta, a circumstance which forms the groundwork for thrombosis. Moreover, its size and the direction of its origin from the aorta favor lodgement of emboli from removed sources.

*Presented before the second general scientific session of the 95th Annual Meeting of the West Virginia State Medical Association at The Greenbrier in White Sulphur Springs, August 24, 1962.

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The Author

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In an exhaustive survey of superior mesenteric occlusion, especially as it relates to embolism and thrombosis, Klein[1] adduced three possible consequences: (1) complete establishment of competent collateral circulation, persisting through life or relapsing from cardiac or vascular faults, (2) intestinal obstruction without infarction; blood supply sufficient for the life of the part but not for function and (3) intestinal infarction, starting with mucosa but eventually involving entire wall in necrosis.

Larson[2] reviewed the case histories of 36 patients with mesenteric occlusion that came to necropsy. He confirmed the superior mesenteric artery's predisposition to embolism. Distribution of vascular obstruction: arterial, 14 cases or 39 per cent; venous, 16 cases or 44 per cent; arteriovenous, 6 cases or 17 per cent.

Abdominal Catastrophe Pictorially

Acute superior mesenteric arterial occlusion presents the classical picture of an abdominal catastrophe. The severe abdominal pain may be colicky or continuous. Its location is periumbilical or general. Abdominal distention appears early. Bloody diarrhea may be succeeded by obstipation and increasing tympanites. Nausea and vomiting are common attendants. General abdominal tenderness with the rebound phenomenon marks the advance of the condition with peritonitis. Shock supervenes.

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Dunphy and Zollinger[3] stressed the following salient clinical features of this vascular episode:

1. Condition simulating intestinal obstruction.
2. Pain out of proportion to the clinical picture.
3. More or less general abdominal tenderness, with rebound.
4. High leukocytosis; mounting pulse with normal or slightly elevated temperature.
5. Constipation; vomiting may or may not occur.
6. Rapidly progressive shock.

In contrast, the clinical appreciation and the understanding of chronic mesenteric arterial insufficiency have lagged greatly. Contributing to the situation undoubtedly have been the vagueness and lack of definition of attendant symptoms and signs. Conner[4] cited the clinical viewpoint a generation past, thus: "As is the case in most other organs, closure of a mesenteric artery or one of its branches does not always result in infarction, and in the absence of infarction we can hardly expect that arterial thrombosis will be manifest clinically." In this respect, Conner defined the circumstances of arterial size, anastomosis, venous circulation and degree of distention that would influence the ultimate fate of the segment of the intestine supplied. Riesman[5] reported the case of a patient who suffered in turn intermittent claudication, angina pectoris and sharp epigastric pain without digestive disturbance. Significantly he observed, "From their character, I attributed them to branches of the celiac axis."

Apparently, Schnitzler[6] first discerned that to superior mesenteric arterial encroachment belonged the responsibility for abdominal symptoms of long duration. In the case of his patient, a man 55 years old, constipation had been noted for 5 years. Colic in the epigastrium and right hypochondrium had been troublesome for 4½ years. For six months, pain had developed after meals and had been relieved by vomiting. Later, the pain had been more severe and had been localized to the area about the umbilicus. Significantly, it no longer was related to meals and, for several months, had been almost continuous. Upon exploratory laparotomy gallstones were found but cholecystectomy afforded no relief.

At necropsy, the small intestine showed extensive hemorrhagic infarction. Extreme atherosclerosis was noted in the superior mesenteric artery which was occluded by a firm, well organized thrombus close to its origin. The disparity in the time element of the infarction and the thrombosis left no doubt as to the factor responsible for the recent and the remote clinical experiences. Microscopic study disclosed marked atherosclerosis of the superior mesenteric artery as the basis for protracted symptoms and ultimate thrombosis and gangrene.

Dearth of Published Reports

In spite of Schnitzler's clear deduction of the causal relation of the compromise of the blood supply to the gut through atherosclerosis of the superior mesenteric artery in explanation of gastrointestinal symptoms for 5 years, little attention was given the matter in the medical literature. Indeed, to the present time reports of mesenteric arterial insufficiency have been scattered and desultory, representing, in the main, isolated experiences.[9-14] Yet a certain concatenation of events has been so regularly observed as to make the diagnosis much more assured.

Symptomatology

Abdominal distress after eating commonly is the earliest symptom of the disease. The distress is colicky in nature but tends to become progressively more severe and continuous. Its initial phase usually is related to quality of food, to the point that the patient self-imposes sharp restriction regarding the amount and nature of his diet. Eventually the pain may occur independently of eating. In spite of obvious objections,[15] the term, "abdominal angina," dramatically reflects its characteristic severity. At onset, it is localized in the upper abdomen but at the later stages it is peri-umbilical or more general in distribution. Constipation is the rule. Again, recurrent episodes of alternating constipation and diarrhea raise the question of intestinal obstruction. Fry[21] emphasized the explosive evacuation that commonly follows the period of constipation in these cases. Melena occasionally is added. Nausea and vomiting are frequent attendants on these painful cycles while irregular patterns of gaseous distention reflect impaired intestinal motility.

Rarely, systolic bruits may be detected in the epigastrium. Shaw and Maynard,[10] also Joske, Shamma'a and Drummey,[11] have particularly directed attention to the malabsorptive status in these patients. To this pathologic physiology of the small intestine is added the rigorous limitation of the diet which the patient imposes in his frantic efforts to eliminate real or fancied dietary offenders in the causation of the painful attack; so that extreme weight loss results.

In general, Mavor and Michie's[12] diagnostic criteria for "chronic midgut ischemia" are most helpful. To the generally accepted triad, i. e., abdominal pain, altered bowel habit and weight loss, they add occult blood in the stool and malabsorption. The general vascular status of the

patient under study will condition one's consideration of superior mesenteric arterial insufficiency when confronted with such subjective and objective observations. The prior occurrence of intermittent claudication or angina pectoris, for example, will put one on notice of its possible responsibility for vague abdominal symptoms. The extreme weight loss inevitably raises the question of a neoplastic background; but the episodic order of the painful bouts and the eventual long duration of the course, even in the presence of extreme wasting, render such a diagnosis untenable.

Roentgenologic Features

Roentgenologic studies of the gastrointestinal tract after superior mesenteric arterial compromise may be most illuminating. Hibbard, Swenson and Levin,[16] in fundamental experimental studies, demonstrated that the lesions resulting from vascular occlusion were roentgenologically indistinguishable from those of mechanical intestinal obstruction. Their significant observation of these changes before the appearance of abdominal distention anticipated the irreversible changes in the gut. Randich and Harrington[17] made a further point of differential value. The barium enema passed freely through the distended gut which, otherwise, resembled the mechanically obstructed viscus. A further anatomical distinction was the sharp limitation of the distention to the small intestine and the colon up to the splenic flexure. Warthin,[18] in a perceptive study, demonstrated atony and atrophy of the small intestine, especially the ileum, several months after the inception of superior mesenteric arterial insufficiency. The roentgenologic resemblance of the small intestine ("semihaustral") to the colon led to the designation of the appearance as "colonization." The morphologic change together with prolongation of the transit time of the opaque medium was deemed highly suggestive of chronic mesenteric arterial insufficiency. The clinching diagnostic procedure is aortography. The measure has proved invaluable in establishing the location and the degree of arterial atresia.

Prognosis

At best, the prognosis is grave. While in some cases the patient may survive and escape major consequences of encroachment on the lumina of the superior mesenteric artery and its branches, in others there is the prospect of an inexorable progression of the underlying morbid changes, with a fatal outcome from infarction of the gut.

With diagnostic awareness of this explanation of vague and recurring episodes of abdominal symptoms, especially when attended by marked wasting, certain therapeutic measures may be helpful. Frequent small meals may afford some relief. Anticholinergic drugs are of little use. Anticoagulant therapy theoretically has a role in superior mesenteric arterial insufficiency but no mass of supporting clinical evidence of its efficacy is available. Reports of the successful correction of mesenteric arterial occlusion by endarterectomy without resection of the bowel have appeared in the medical literature with increasing frequency.[3, 10, 11, 12, 14, 19] Morris and De Bakey[20] reported the successful surgical correction of chronic superior mesenteric artery insufficiency by endarterectomy in limited lesions and by revascularization through by-passing or grafting procedures in lesions of more extensive involvement. Fry[21] has effectively revascularized the intestine in 4 of 8 cases of visceral angina. By-passing procedures under hypothermia were used. Ranger and Spence[22] recently reported the successful anastomosis of the ileocolic artery and the aorta, with complete relief of symptoms of superior mesenteric artery occlusion. Anticoagulant therapy must follow such procedures to prevent early postoperative thrombosis.

Summary

The indefinite and bizarre clinical picture of chronic superior mesenteric arterial insufficiency is beginning to take recognizable form. Certainly it should be suspected whenever extreme loss of weight attends bouts of abdominal pain that have well earned the euphonious and suggestive term, "abdominal angina." Atherosclerosis is the usual background for such compromise of the blood supply to the gut and, as such, the progression may be slow or rapid; but even with thrombosis remissions may occur through retraction or canalization of the clot. The protracted course of mesenteric arterial insufficiency should be a leading rather than a misleading diagnostic guidepost. Roentgenologic aids to diagnosis have been immeasurably enhanced by aortography. Medical therapeutic measures are of limited value.

Surgery directed toward relief of local vascular obstruction, together with revascularization, has opened a new vista of promise to these patients. While the immediate results may be brilliant and in some cases the patient even may escape delayed additional embarrassment of the blood supply, the common atherosclerotic substrate is not stayed by mechanical correction of the immediate fault. In this light, surgery may prove palliative rather than curative.

References

1. Klein, E.: Embolism and Thrombosis of the Superior Mesenteric Artery, Surg., Gynec. & Obst. 33:385, 1921.
2. Larson, L. M.: Mesenteric Vascular Occlusion, Surg., Gynec. & Obst. 53:54, 1931.
3. Dunphy, J. E. & Zollinger, R.: Mesenteric Vascular Occlusion, New England J. Med. 211:708, 1934.
4. Conner, L. A.: A Discussion of the Role of Arterial Thrombosis in the Visceral Diseases of Middle Life Based Upon Analogies Drawn from Coronary Thrombosis, Am. J. M. Sc. 185:13, 1933.
5. Riesman, D.: Vascular Crises, Am. J. M. Sc. 185:29, 1933.
6. Schnitzler, J.: Zur Symptomatologie des Darmarterienverschlusses, Wein. med. Wchnschr. 11, 12:506-567, 1901.
7. Dunphy, J. E.: Abdominal Pain of Vascular Origin, Am. J. M. Sc. 192:109, 1936.
8. McClenahan, J. E. & Fisher, B.: Mesenteric Thrombosis, Surgery 23:778, 1948.
9. Mandell, H. M.: Abdominal Angina, New England J. Med. 257:1035, 1957.
10. Shaw, R. S. & Maynard, E. P.: Acute and Chronic Thrombosis of the Mesenteric Arteries Associated with Malabsorption, New England J. Med. 258:874, 1958.
11. Joske, R. A., Shamma'a, M. H. & Drummey, G. D.: Intermittent Malabsorption Following Temporary Occlusion of the Superior Mesenteric Artery, Am. J. Med. 25:449, 1958.
12. Mavor, G. E. & Michie, W.: Chronic Midgut Ischemia, Brit. M. J. 2:534, 1958.
13. Kealey, F. X., Misanik, L. F. & Wirts, C. W.: Abdominal Angina Syndrome, Gastroenterol. 37:480, 1959.
14. Mikkelsen, W. P. & Zaro, J. E., Jr.: Intestinal Angina, New England J. Med. 260:912, 1959.
15. Editorial, Lancet 1:1211, 1958.
16. Hibbard, J. S., Swenson, P. C. & Levin, A. G.: Roentgenology of Experimental Mesenteric Vascular Occlusion, Arch. Surg. 26:20, 1933.
17. Randich, R. A. & Harrington, L. A.: Roentgenologic Observations in Mesenteric Thrombosis, Am. J. Roentgenol. & Rad. Therap. 52:317, 1944.
18. Warthin, T. A.: Personal communication to the author.
19. Stewart, G. H., Sweetman, W. R., Westphal, K. & Wise, R. A.: Superior Mesenteric Artery Embolectomy, Ann. Surg. 151:274, 1960.
20. Morris, G. C. & De Bakey, M. E.: Abdominal Angina: Diagnosis and Surgical Treatment, J. A. M. A. 176:89, 1961.
21. Fry, W.: Personal communication to the author.
22. Ranger, I. & Spence, M. P.: Superior Mesenteric Artery Occlusion Treated by Ileocolic-Aortic Anastomosis, Brit. M. J. 2:95, 1962.

To Smoke or Not to Smoke

A recent report by the Royal College of Physicians of Great Britain has again attracted a good deal of attention to the problem of cigaret smoking. Although there is little new in the report, the English doctors do conclude that, while there are no known benefits from smoking, much harm can result. The authors of the impressive publication are careful to note that cigaret smoking probably increases the risk of dying from coronary heart disease in early middle life, but we must emphasize the word "probably." Obviously, some relationship exists between cigaret smoking and the increase of primary cancer of the lung, but just what that association is remains unknown.

It is interesting to note that heavy smoking is often associated with heavy drinking, and perhaps the drinking may be responsible for some of the evils attributed to cigaret smoking. At any rate, little good comes from either—except perhaps for the psychologic or emotional reward, which certainly should not be considered lightly. Indeed, in many persons such rewards may offset some of the dangers inherent in these habits.

Since we pride ourselves highly in the freedom of the individual, let us not attempt to legislate against smoking—or drinking—in the hope of eliminating "evil." The drinking legislation was attempted once; no comments are necessary. Let us rather instruct the individual as to the potential dangers and then let each person decide for himself. We can't live forever, and if smoking and drinking—hopefully tempered with moderation—add to our pleasures, so be it!—John F. Briggs, M. D., in Geriatrics.

Cystic Lymphangioma of the Mesentery

(Case Report)

George E. Farrell, M. D., Ernest C. Cobb, M. D., and Philip W. Oden, M. D.

EWING[3] classifies lymphangioma as a benign tumor of embryonic origin occurring in embryonic lymphoid centers. It may arise from atopic lymphatic tissue which proliferates.[2] Beahrs[1] refers to this type of cyst as a true neoplasm and reported a case in which lymphangioma occurred as a result of hyperplasia of the lymph vessels.

Case Report

The patient, a 7-year-old negro male, was referred to the Greenbrier Valley Hospital with a history of diarrhea, temperature elevation, anorexia, abdominal distress and vomiting, of two weeks' duration. The temperature elevation was accompanied by cold "sweats." The patient had no desire for food and took nothing by mouth except a small quantity of fluid at varying intervals. The diarrhea was characterized by four to five watery stools per day. The vomiting followed forced ingestion of fried foods. Cramp-like pain characterized the abdominal distress.

Approximately two days before admission to the hospital the symptoms, especially the abdominal pain, became extremely severe.

The family history and the past history were uneventful.

On physical examination, the patient appeared well developed but rather poorly nourished. There was a palpable abdominal mass extending from the lower pelvic area along the pelvic rim on the right, diagonally upward across the abdomen into the left upper abdominal quadrant; the latter was tender to palpation.

Laboratory work including blood chemistry, CBC and urinalysis was, with the exception of an elevated leukocyte count, within normal limits.

Roentgenologically, a mass could be seen displacing bowel and stomach upward and to the right. The condition was particularly well shown on the flat plate, in the small bowel study, and on barium enema. At fluoroscopy the mass was movable. The right posterior oblique view, with the barium-filled stomach, demonstrated the anterior location of the mass, a retroperitoneal lesion having been ruled out by means of a prior excretory pyelogram.

Submitted to the Publication Committee, July 14, 1962.

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Figure 1. Cystic lymphangioma of the mesentery in a 7-year-old boy.

The preoperative diagnosis was mesenteric or omental cyst.

At operation on March 20, 1961, abdominal exploration disclosed a mass 6 to 8 inches in diameter arising from the mesentery and incorporating a 6-inch length of jejunum or upper ileum.

The bowel was divided on both sides of the tumor and the entire mesentery removed at its base. The cystic structure with segment of bowel enclosed was removed. The small bowel was anastomosed and the mesenteric opening closed.

The patient's recovery was without incident. He was discharged from the hospital on March 28, 1961.

Pathologic Report*

"*Gross Description.*—The specimen consists of a 22 cm. segment of small intestine with its accompanying mesentery. The mesentery is markedly deformed and expanded by a multiloculated cystic structure which is 18 x 12 x 7 cm. in its

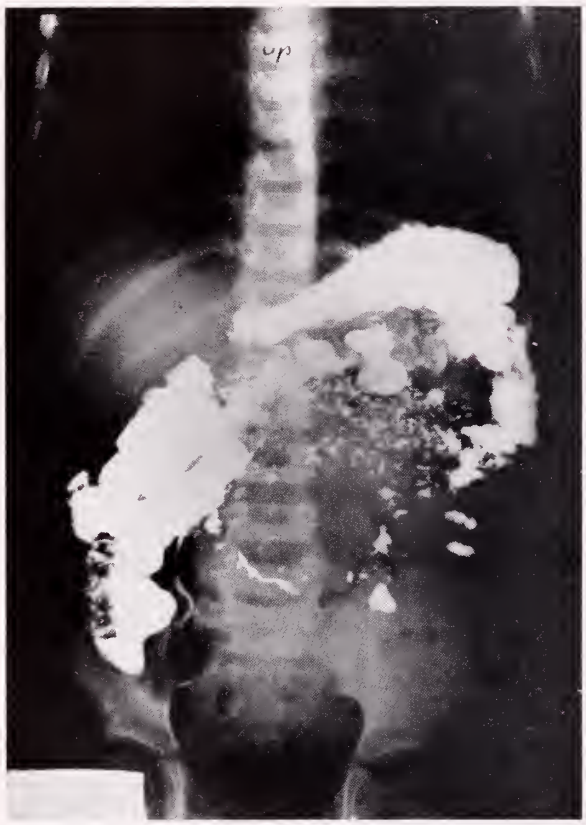

Figure 2. G. I. and Small Bowel Study: There is a large mass which is readily palpable and movable at fluoroscopy. It extends from the pelvis and the mid-abdomen into the left upper quadrant. There is no abnormal radiance or calcification in the mass. It displaces small bowel and colon around it and pushes the stomach upward. One loop of small bowel winds around a portion of this mass. Conclusion: Intra-abdominal mass.

greatest dimensions. Part of the cyst is closely applied to the mesenteric border of the intestine. The locules range from 2.5 cm. to 6 cm. in diameter. The white fibrous walls are from 2 to 4 mm. thick, and the cyst is lined by a shiny, glistening membrane. Some of these locules are filled with clear fluid, while some are filled with thick, white, crumbling material.

"*Microscopic Description.*—Microscopic examination reveals the walls of the cyst to be composed primarily of fibrous tissue, but there are strands of smooth muscle fiber in the walls of some of the locules. There are many foci of lymphocytic infiltration as well as occasional lymphoid vessels.

"Lining the cyst is a single layer of flattened cells consistent with andothelium. The cells are filled with homogeneous eosinophilic material with a scattering of large, vacuolated macrophages. There are dilated thin-walled vessels lined by a single layer of endothelium, lymphatic channels (sic), in the submucosa and serosa of the intestine. The serosa and the outer, longitudinal muscle layer of the bowel are distorted by the walls of several contained cysts.

"Diagnosis: Cystic lymphangioma."

Discussion

Cystic lymphangioma of the mesentery is a rare abdominal tumor. It is, however, the most common type of mesenteric cyst. Ewing[3] classifies the true mesenteric cyst under four subdivisions: (1) chylangioma or lymphangioma, (2) enteric cyst or duplication most frequently seen in the mesentery of the ileum and which usually has a serosa, well differentiated smooth muscle and inner layer of mucous membrane, (3) urogenital cyst which is usually retroperitoneal, occurs chiefly in women, and may contain structures resembling those found in the embryonal kidney and (4) the dermoid or teratoma, characteristically containing hair, teeth and skin.[4, 5]

Cystic lymphangioma of the mesentery usually is recognized in the first decade of life. The presenting complaint may be slow enlargement of the abdomen. If the cyst surrounds and occludes the intestine, signs and symptoms of obstruction appear. Pain, due to pressure on other organs or to stretching of the peritoneum, may be present.

The typical radiologic and pathologic observations are described in the case report.

The differential diagnosis includes omental and other mesenteric cysts as well as other intra-abdominal and retroperitoneal masses.

Treatment consists of complete removal of the cystic structure.

Summary

A case of cystic lymphangioma of the mesentery in a 7-year-old boy, with uneventful recovery following complete surgical removal of the lesion, is reported.

The available literature is reviewed briefly.

***From the Department of Pathology, The University of Virginia School of Medicine, Charlottesville, Virginia. A. J. Levine, M. D., Pathologist.**

References

1. Beahrs, O. H., Judd, E. S. & Duckerty, M. B.: Chylous Cyst of the Abdomen, S. Clin. North America 30:108, 1950.
2. Donahue, J. K. & Balch, H. H.: Mesenteric Cysts, Georgetown M. Bull. 13:201, 1960.
3. Ewing, S.: Neoplastic Diseases, ed. 4, Philadelphia, W. B. Saunders Company, 1940.
4. Ford, J. R.: Mesenteric Cysts, Am. J. Surg. 99:878 (June) 1960.
5. McGarity, W. C.: Mesenteric Cysts, Amer. Surgeon 25:687, 1959.

Aerospace Medicine and the Defense Research Dollar

"THE whole concept of defense spending is changed," Vice President Lyndon B. Johnson noted in a recent speech before the American Cancer Society. Instead of spending on weapons that could be used destructively, he said, "the bulk of our defense research dollar is spent on knowledge that can be used constructively." Medical research programs were cited specifically as being linked directly to the nation's quest for peace.

A dramatic example of this is in the field of aerospace medicine, which has captured the imagination of all progressive physicians and already has made many significant contributions to the life sciences. For example, medical instrumentation which will aid us in our continuing effort to bring better health to all mankind has received a great impetus from Project Mercury and Air Force Medical Service research programs. Miniature sensory type instruments have been developed which are so precise and accurate that real time readings on cardiac disorders can be transmitted by radio or telephone to physicians on another continent, when necessary, for expert analysis.

Also in this field, a small microminiature transceiver can be used by doctors to transmit and receive messages from their automobile or home to hospitals, patients, or office staff. Perfected, too, is space recording equipment which can be started and stopped automatically by the sound of a voice. This can be employed in many ways, such as recording patient histories or entire medical conferences.

Indeed, many space related developments have direct application to the health and welfare of the people on this planet. For example, in a dramatic medical breakthrough, unexpected research results produced a derivative of hydrazine—developed originally as a liquid missile propellant—which is useful in treating certain mental illnesses and tuberculosis. A new substance called Pyroceram, developed initially for missile radomes, is used in the manufacture of pots and pans for greaseless cooking. This will be a great help to patients suffering from atherosclerosis and coronary disease in maintaining proper blood cholesterol levels. Another ingenious by-product of the space research program is a fiberglass device to place in the mouth during dental operative procedures which permits a magnified view of the operation by the surgeon and attendants.

Everything we physicians have learned from aerospace medicine will benefit our patients, civilian and military alike. The knowledge gained from our space research is exchanged freely with the world community by the United States Government so that all the peoples of the universe will enjoy a healthier way of life—Maj. Gen. Oliver K. Niess, M. D., in Maryland State Medical Journal.

Hemangioma of the Liver Causing Death in a Newborn

Don F. Hatten, M. D., and Siegfried Werthammer, M. D.

HEMANGIOMA of the liver is quite common although the incidence varies widely in published reports, ranging from 0.7 per cent[1] to 7 per cent[2] of cases coming to surgery or autopsy. The lesion may be microscopic in size or it may be extremely large, the largest reported in the literature weighing approximately 40 pounds.[3]

Hemangioma of the liver, especially the cavernous variety, is more in the nature of a tissue malformation rather than that of a true tumor. Malignant transformation is extremely rare. Metastasis of a mature appearing lesion probably never takes place, and in those instances in which other hemangiomata (especially of the lungs) accompany liver hemangioma the condition actually is to be interpreted as multiple tumors rather than metastasis. When it occurs in the liver, the lesion usually is located beneath the capsule and may undergo secondary change, e. g., by thrombosis, with subsequent fibrosis and, occasionally, calcification or formation of phleboliths. Large tumors, of course, may produce a palpable liver; if the tumor lies posteriorly, however, nothing may be felt. In the great majority of cases, the tumor does not cause symptoms and is discovered incidental to autopsy or surgery. Occasionally, as a complication, it may break and bleed into the abdominal cavity. In rare cases, the hemorrhage may be spontaneous but could be triggered by trauma and pregnancy.

Fatal Hemorrhage Rare in Newborn

The disease may be found in the newborn and in these instances fatal hemorrhage from rupture of the liver lesion is exceedingly rare. In the few cases on record, the condition either was unsuspected or if intra-abdominal hemorrhage was diagnosed clinically its source was not necessarily assumed to be an hepatic angioma.

First Published Reports

To judge from the available literature, Kissinger, Sternfeld and Zuker,[4] in 1940, published the first report of rupture of a cavernous hemangioma in a newborn, with ensuing death. The report of a similar case by Hendricks,[5] in 1948, followed. Berman, Kirkhoff and Levene,[6] in 1955, reported a case of hemangioma of the liver in a 5-day-old infant in which successful results were obtained by hepatic lobectomy. Their preoperative diagnosis was possible liver or splenic tumor.

Submitted to the Publication Committee, July 9, 1962.

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Because of rarity and difficult diagnosis, a case of hemangioma of the liver in a newborn, with fatal outcome, is reported by the writers:

Case Report

The patient's mother was a 23-year-old white female, married, gravida 1, Para 0, abortions 0. The prenatal course was uneventful except for a slight excess in weight gain and, in the last week of pregnancy, mild hypertension. The mother was admitted to the hospital on October 14, 1961 for induction of labor because of the fact that her EDC was September 25, 1961, also because of the development of the mild preeclampsia.

Vital Signs on Admission.—Weight 152 lbs.; TPR 98.6 F., 80 and 16, respectively. B. P. 120/90.

Labor was induced by amniotomy at 1:30 P. M. on October 14, 1961. B. P. then was 140/80. At that time the cervix was approximately 80 per cent effaced and 4 to 5 cm. dilated; the vertex was engaged. Fetal heart tones regular. The mother's pelvis was gynecoid in type, with android tendency. Following amniotomy, contractions were rather slow in onset. Type of labor was slow and delivery of a male infant finally was accomplished at 1:05 A. M. on October 15, with low forceps, left mediolateral episiotomy and saddleblock anesthesia. The first stage of labor was 10 hours, 15 minutes; second stage 1 hour, 20 minutes; third stage 5 minutes. Total labor 11 hours, 40 minutes. Estimated blood loss 160 to 180 cc.

Sedation consisted of meperidine hydrochloride 75 mg. at 5 P. M. and at 8:30 P. M. on October 14, each dose accompanied by promethazine hydrochloride 25 mg.

The delivery in this case, while considered to be rather difficult, was in no sense considered as a traumatic type of delivery.

On suction of the infant's nasopharynx at birth, rather thick mucus (2 to 4 cc.) was obtained; he breathed and cried spontaneously, however, had good color and no gross deformities. The cord was clamped and after pulsation ceased (in approximately 3 minutes), the general condition of the infant was considered excellent.

Physical Examination: Head, eyes, ears, nose and throat essentially normal; heart and lungs normal to auscultation. No gross abnormalities noted on abdominal palpation. Expansion of chest good. Liver palpable but not thought to be abnormal. Genitalia and extremities showed no gross abnormalities. Birth weight 8 pounds, 9 ounces.

The infant was transferred to the nursery apparently in good condition.

On October 16, the infant weighed 8 pounds, 8 ounces, was afebrile, had good color; heart and lungs normal to auscultation. He had passed a meconium stool, also had voided. He had taken ¾ ounce of glucose water at 6 hours and at 12 hours after birth. Breast feeding was started at 2 P. M. on the above mentioned date, in addition to which a dilute formula of Similac was fed as a supplement. He took 1 ounce of the Similac besides what he may have obtained from the breast. He did not feed too actively but this was not unusual in a newborn. He did regurgitate on the 16th but took anywhere from 1¼ to 1½ ounces of formula every 4 hours.

On October 17, the baby's condition was considered to be good. He was nursing more actively; also, he took 1¾ to 2 ounces of supplementary Similac formula in addition to the breast feedings.

At 5 A. M. on the same date, the baby regurgitated a moderate amount of formula mixed with thick, brown mucus and small milk curds, after which his color became slightly pale; but there was no cyanosis and he passed a large meconium stool. On being placed in the incubator and given oxygen by the nurse, his color seemed to improve temporarily. Respirations apparently were normal and there was no distress until approximately 5:30 A. M., when rapid, shallow, respiratory movements developed and, in spite of oxygen, respirations ceased momentarily. He was given caffeine sodium benzoate, was resuscitated, and when viewed by the attending physician, his condition appeared to be that of a deep state of shock, with extreme pallor, rapid, shallow respirations, pulse not obtainable, and then cessation of respirations except for an occasional gasp.

The heart continued to beat. Oxygen was given, the stomach was aspirated under direct view with the small laryngoscope, the trachea also. Approximately ½ cc. of mucoid material and small milk curds was obtained from the trachea and there were 30 cc., more or less, of gastric aspirations.

The baby was pronounced dead at 7:10 A. M. on October 17.

Permission for autopsy was obtained.

Observations at Autopsy

An unexpected and dramatic picture was disclosed at postmortem examination.

The peritoneal cavity was filled with approximately 500 ml. of blood under pressure. The blood, for the most part, was fluid in character, with only a few clots. A ruptured polycystic lesion the size of a hen's egg, on the posterior surface of the right lobe of the liver, was found as the source of the bleeding (Figures 1 and 2).

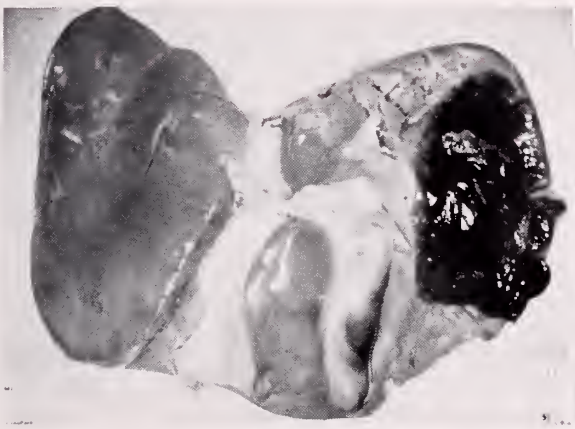

Figure 1

Figure 2

Figure 1. Ruptured angioma at posterior right liver lobe. (Figure 2) Cut surface through ruptured angioma of liver.

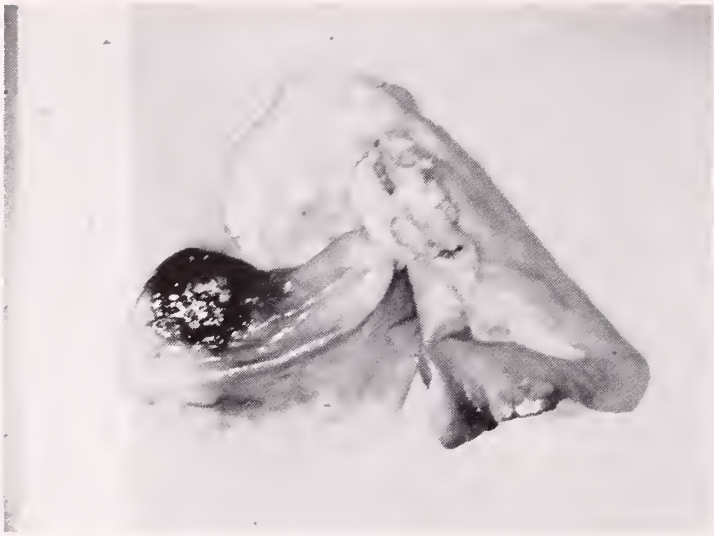

Figure 3

Figure 4

Figure 3. Angioma, middle lobe of right lung. (Figure 4) Cut surface of lung angioma; collapse after incising.

The middle lobe of the right lung contained a similar lesion the size of a walnut, but bosselated and not ruptured (Figures 3 and 4). There were no remarkable observations anywhere else in the body.

Microscopic examination of the hepatic and pulmonary lesions showed the histological structure of large blood spaces lined by endothelium characteristic of that in cavernous hemangioma. In the liver tumor the severe hemorrhage had destroyed much of the angiomatous tissue.

Discussion

In this case, a liver lesion was not assumed or suspected because of absence of hepatic enlargement. The tumor, while of good size, was located on the posterior surface of the liver where it could not be felt.

Speculation on the mechanism and etiology of the hemorrhage is of interest. A high blood progesterone level distinctly promotes overfilling, enlargement and hemorrhage of hemangiomata. This is true during pregnancy and in the postnatal period of newborns. Another factor would be unavailability of platelets to plug small breaks on the surface. The cavernous spaces act as a platelet trap and the platelets are precipitated in these spaces because of incomplete thrombosis and not necessarily deposited where a break takes place.[7] The third etiological factor is birth trauma. In the case reported by Kissinger and his co-workers, the mother was an epileptic, while in the case reported by Hendricks the baby was born after a transverse position. Birth trauma could be a distinct factor; the trauma in our case, however, must have been trivial.

Summary

A case of fatal intra-abdominal hemorrhage from a congenital cavernous hemangioma of the liver in a newborn infant is reported. Such a complication in liver hemangioma in the newborn is exceedingly rare and the diagnosis difficult. In the present case, a misleading factor further clouding the diagnostic picture was absence of hepatic enlargement. The etiology and mechanism of the hemorrhage are discussed.

References

1. O'Donoghue, J. B. & Nicosia, A. J.: Cavernous Hemangioma of the Liver, Illinois M. J. 98:15, 1950.
2. Feldman, M.: Hemangioma of the Liver, Am. J. Clin. Path. 29:160, 1958.
3. Ray, B. S.: Large, Cavernous Hemangiomata of the Liver, Am. Surgeon 109:273, 1939.
4. Kissinger, C. C., Sternfeld, E. & Zuker, S. D.: Rupture of a Cavernous Hemangioma as a Cause of Death in a Newborn Infant, Ohio M. J. 36:383, 1940.
5. Hendricks, J. G.: Hemangioma of the Liver Causing Death in a Newborn Infant, J. Pediat. 32:309, 1948.
6. Berman, J. K., Kirkhoff, P. & Levene, N.: Hepatic Lobectomy for Hemangioma of the Liver in a Five-Day-Old Infant, Arch. Surg. 71:249, 1955.
7. Potter, E. L. Pathology of the Fetus and Infant, ed. 2, Chicago, Year Book Publishers, Inc., 1961, p. 178.

Special Article

Public Health Problem of Radioactive Fallout*

R. F. Krause, M. D., Ph. D.

SEVENTEEN years ago we dropped an atom bomb on Hiroshima. Since then the enormously destructive power of a thermonuclear weapon has been widely discussed. Although most persons are aware of the tremendous power released at the time of the explosion in the form of heat, blast and direct radiation (primarily from beta and gamma rays), a lesser number realize that the destructive forces are distinctly circumscribed. For example, the above-mentioned immediate effects of a megaton (1 million tons of TNT) bomb will extend only over an area of something less than 1,300 square miles or a radius of 20 miles. Obviously, then, many 100 megaton bombs would be needed to paralyze the country if destruction were limited to the direct effects of the explosion.

Fallout—Some Specifics

Of much more significance than the direct effects is the pollution by radioactivity of the civilian and military populations in the thousands of square miles that would be exposed to the fallout—the material that contaminates the food we eat, the water we drink, the air we breathe.

Radioactive fallout results from disintegration of the atom which releases particles, e.g., neutrons and radiation, especially alpha and beta rays. The released neutrons in turn bombard other elements in the vicinity of the explosion and produce secondarily by chain reaction new radioactive elements.

The intensity and range of fallout depend on many variables such as site of explosion on the ground, in air, on water, height of mushrooming of the particles into the air, wind currents, rainfall and other climatic conditions.

Fallout may be classified under two types: (1) "close in" fallout, in which the biological effects primarily are the result of direct radiation and secondarily of the consumption of contaminated food, water and air and (2) "distant" fallout in which the biological harm results from the ingestion of contaminated material. The contaminated material may be deposited thirty to sixty days after the explosion ("intermediate" fallout) or it may take months or years for its deposition ("delayed" fallout).

The external radiation from close in and intermediate fallout will "cool off" or decay rapidly. In terms of time a tenfold decrease in intensity may be expected with each sevenfold increase in time from the moment of the explosion, due to the relatively short half-life of some of the radioactive elements.

Biological Effects

The biological effects of direct radiation are many and varied. Primarily, they are somatic (e.g., leukemia) and genetic (developmental defects). The mechanisms for the production of these effects, however, are not well understood. An increase in the ionization of body tissue and fluids is one of the primary biological effects of radiation. The process (ionization) produces such toxic materials as H_2O_2 (Hydrogen peroxide) and various types of "free radicals" which damage proteins, nucleoproteins (genetic material) and enzyme system without and within the cell.

Distant fallout poses primarily a nutritional problem. Ingestion of radioactive material results in deposition of radioactive material in the body tissue, e.g., radioactive iodine by the thyroid and radioactive strontium in bone. An excessive amount of these materials in the tissue can lead to cellular destruction.

The Author

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Man and External Radiation

Since the beginning of time man has been exposed to external radiation (cosmic rays) and naturally occurring radioactive materials such as potassium 40, carbon 14, and the like. It has been estimated that a 70-year-old man living in the United States would have been exposed to a total of 7 roentgens, or 0.1 roentgen per year. If all of the doses from radioactive materials through 1958 are added, it will be found that the population exposure has been only 5 per cent of background radiation.

Answer to the Big Question

Today the big problem is: How much radiation can the body stand? What are the effects of very low or prolonged exposure on animals or humans? The consensus of scientists at present is that the most prudent course to follow is to assume that there is no level of radiation exposure below which there can be absolute certainty that harmful effects will not result in at least a few individual cases when a sufficiently large number of persons is involved. This is the "nonthreshold concept" and has been adopted as a basic assumption for planning purposes by the United States Government. It is the basis for the United States policies and programs for the assessment of radiation hazards and control measures designed to limit exposure of large population groups.

The Federal Radiation Council

Today, in view of the radioactive contamination of air, food and water, regulations regarding exposure have been established by the federal government through the Federal Radiation Council, established September 20, 1961. Members of the Council are the Secretary of Health, Education and Welfare, Chairman; the Secretaries of Commerce, Labor and Defense; and the Chairman of the Atomic Energy Commission. The Council is directly responsible to the President. The guide lines set up by this group reflect a scientific consensus on the potential hazards of radiation and are expressed in terms of various "ranges" of exposure. For each range there are "graded scales of action" that should be taken or considered by federal, state and local governments.

The following measures are now observed to assess accurately the public health significance of the radioactive fallout problem:

1. Nationwide atmospheric surveillance to alert various authorities regarding the radioactivity in the air. The measure serves as a quick indication of the total fallout in any particular area. At present the surveillance network consists of forty-five stations distributed throughout the United States. Such monitoring equipment has been established on top of our state house parking garage in Charleston.

2. Nationwide surveillance of food and water, regularly performed. At present over sixty stations are taking measurements on radioactivity of milk, either raw or processed. The Pure Food and Drug Administration has thirty-nine stations that sample food from all parts of the nation, particularly from those points monitored by air stations.

3. Other special purpose radiation surveillance by the Departments of Agriculture, Defense and Commerce, and by the Atomic Energy Commission.

Water is checked by the National Water Quality Network. There are approximately seventy-five such sampling stations in the United States.

From the foregoing information we can rest assured that constant vigil is being kept on the amount and kind of radioactivity in our environment.

On February 22, 1962, Dr. Donald Chadwick, Chief of the Division of Radiological Health, Public Health Services, stated that it was highly unlikely that protective measures would be necessary in the months ahead to reduce intake of, for example, radioactive strontium in the United States. Tabulations for December, 1961, and January, 1962 show that radioactive iodine virtually has disappeared from the country's food and water supply. It is anticipated that the amount of radioactive strontium will increase over the next few months but will not assume proportions whereby protective action will be necessary.

Various protective measures have been developed but the possible health consequences must be kept in mind. This is particularly applicable in the case of an important food supply such as milk. At the present stage of development of protective measures and in view of the foreseeable level of radioactivity, it would not be sufficient to counterbalance the health risk inherent in major disruption of milk production and distribution.

We naturally are concerned about the quantity and quality of radioactive fallout in the United States, especially with resumption of nuclear testing by the United States, but it is hoped that the information presented will furnish some basis for a sane, rational attitude toward the fallout problem. We should respect the danger of fallout

and should know how to protect ourselves against it but we should not encourage radiation hysteria.

References

1. U. S. Department of Health, Education and Welfare, Washington, D. C., Radiological Health Data, Series of Monthly Reports.
2. U. S. Department of Defense, Washington, D. C., Fallout Protection (Dec.) 1961.
3. Bruce, Marshall: When Do You Leave a Fallout Shelter? J. A. M. A. 180:144, 1962.
4. RCA Service Company, Camden, New York, Atomic Radiation, 1961.
5. Editorial: The Great Fallout Controversy, J.A.M.A. 179:164, 1962.
6. U. S. Atomic Energy Commission, Division of Biology and Medicine: Atmospheric Radioactivity and Fallout Research (April) 1961.
7. Comar, C. L.: Biological Aspects of Nuclear Weapons, A. Scientists (June) 1962.

A Challenge to the Community

HEART disease is increasingly a national health problem. It is not only the leading cause of death, but it causes more days of disability than any other group of diseases except the respiratory diseases, which include the common cold. New medical knowledge which has led to the control of the infectious diseases accounts for the present prominence of heart disease as a health problem. More of the population now live through the early years of life, the years when infectious diseases were such killers, to an age when chronic illness and heart disease are all too common.

Yet, the public does not fully realize the likelihood of chronic illness in later years, and the need to seek medical advice regularly in order that early evidence of heart disease may be treated with competent medical advice. Only so can the patient take advantage of opportunities for delaying progressive disability and death.

Physicians, too, have heavy responsibilities. Treatment of chronic illness is often very demanding. It requires not only the use of intricate and precise diagnosis procedures, but also an understanding of the patient's method of living. In addition to applying these, the physician must give community leadership in providing necessary resources, not only in general hospital facilities, but for institutions providing long-term care. Further, the physician must assist the community in organizing supportive services that will make it possible for more people to be cared for at home.

But in the treatment of heart disease, good general hospitals and competent physicians are not enough. Patients need many other types of resources, such as rehabilitation service and nursing home beds which, to provide proper care, must be part of a complex that includes the general hospital. Finally, the community must provide for financial resources so that those unable to pay for services can still receive the care they need.

The demands for and costs of physicians' services, institutional care, and drugs are now much less for many of the infectious diseases, such as infantile paralysis. But the emergence of heart disease as the leading cause of death and a major cause of disability has created a greater total need for these resources. Such changing demands require community-wide planning and heavier investment in facilities and their operation.—George Bugbee, Director, Health Information Foundation.

Special Article

Physicians Warned of H.R. 10 Pitfalls

William H. McKee, CPA

THE Self-Employed Individuals Retirement Act of 1962 (H.R. 10), permitting retirement tax benefits for the self-employed, was signed into law by the President on October 10, 1962 and becomes effective for taxable years ending after December 31, 1962. The new law provides two new tax benefits not previously available to the self-employed taxpayer: (1) A limited tax deduction is allowed for contributions to a qualified pension plan and (2) income earned on investments in the plan are not taxable until distributed to the taxpayer or his beneficiaries.

The physician desiring to set up a retirement plan should be aware of the many disadvantages and pitfalls in the legislation, including: (1) Employees with 3 years service must be included in the plan; (2) penalties are imposed for excess contributions to the plan; (3) penalties are imposed for distributions from the plan before retirement age of 59½; (4) funds are "tied up" until retirement; (5) distributions are taxed as ordinary income; (6) certain transactions between the taxpayer and his retirement fund are prohibited; and (7) provisions of the federal estate and gift tax laws applicable to employees are denied the self-employed.

Physicians Qualify

The new law applies to individual taxpayers subject to the self-employment tax as well as to certain other taxpayers, including physicians. Many provisions of the new law are applicable primarily to "owner-employees." An "owner-employee" is defined as "an employee who—(A) owns the entire interest in an unincorporated trade or business or (B) in the case of a partnership, is a partner who owns more than 10 per cent of either the capital interest or the profits interest in such partnership." Most physicians would come within the definition of an "owner-employee." Partners having a 10 per cent or less interest in the capital or earnings of a partnership would be considered as employees and not subject to the provisions of the law applicable to "owner-employees."

The Author

- **William H. McKee, CPA, partner in the firm of Fitzhugh, Erwin, McKee and Hickman, Charleston, West Virginia; and a past president of The West Virginia Society of Certified Public Accountants and of The Middle Atlantic States Accounting Conference.**

Choice of Plans

The self-employed individual has several alternatives as to the method of funding the retirement plan:

1. *Trust*—contributions may be made to a trust specifically set up for the plan. The trustee must be a bank as defined in the law. However, the employer or another person may be given the power to control investments.

2. *Custodial Account*—contributions may be made to a bank custodial account. Investments of custodial accounts are restricted to the stocks of regulated investment companies and insurance company contracts.

3. *Insurance Contracts*—contributions may be invested directly with an insurance company to purchase life insurance, endowment, or annuity contracts. A trust or custodial account may be used if desired and a bank is not required as trustee.

4. *Face Amount Certificates* — contributions may be invested directly to purchase nontransferable face-amount certificates.

5. *United States Bonds*—contributions may be invested directly to purchase a new series of United States Bonds. The bonds are nontransferable and redeemable only after the bondholder attains the age of 59½ or at the time of disability or death.

Employees Must Be Included in Plan

If the "owner-employee" has employees or is a partner (with more than 10 per cent interest) in a partnership having employees, the employees must be covered by the plan. All full-time em-

ployees with three years or more service are required to be included in order that the plan qualify under the law. Also, the employees interest in the plan must be nonforfeitable, i.e., contributions on behalf of an employee must vest in the employee immediately upon payment to the fund.

Tax Deduction Limited to $1,250

Contributions to a plan by an "owner-employee" in any taxable year are limited to 10 per cent of his earned income or $2,500, whichever is smaller. (Excess contributions may be permissible when the plan is funded with life insurance contracts or the new type government bonds). In determining his taxable income, however, he may deduct only 50 per cent of the contributions made during the year or a maximum deduction of $1,250. It is important to note that contributions are based on the amount of earned income. Earned income may be defined generally as income arising from professional fees and other personal services.

Example: Assume Doctor X has a net income of $23,000 from his practice and $2,000 income from investments. His contributions for the taxable year would be limited to a maximum of 10 per cent of his earned income of $23,000 or $2,300, with a maximum tax deduction of $1,150.

A partner who is not an "owner-employee" (having 10 per cent or less interest in the partnership) is not limited to $2,500 in contributions. However, his tax deduction is limited to a maximum of $1,250. There is a tax advantage in making additional contributions since the earnings on all contributions would not be taxed until the fund is distributed at the time of the self-employed's retirement.

Excess Contributions Prohibited

Penalties will be imposed on the taxpayer when contributions are made in excess of the maximum allowable. In cases where the excess contribution is willfully made, the entire interest of the taxpayer is required to be distributed to him and he will be prohibited from participating as an "owner-employee" in any plan for a period of five years. In addition, there are penalties imposed in computing the amount of tax payable on the distribution. However, in those cases where the excess contribution was not willfully made, a period of six months is provided in which the excess contributions and earnings thereon may be returned to the taxpayer without incurring penalties.

No Distributions Before Age 59½

The "owner-employee" may not receive benefits from the fund until he reaches age 59½ except in the event of disability or death. Also benefits must start before age 70½. Penalties for distributions to "owner-employees" prior to the age of 59½ include a tax penalty as well as a five year disqualification from participating in a plan. The term "distribution" includes borrowing from the fund as well as assigning or pledging assets of the fund as security on a loan.

Distributions Taxed as Ordinary Income

When the fund is distributed after age 59½ in a lump-sum distribution, provision is made for a special averaging method of determining the tax. However, capital gains treatment of lump-sum distributions is not available to the "owner-employee" as in the case of lump-sum distributions to an employee. Rather than take the proceeds in a lump-sum distribution, the "owner-employee" may elect to take an annuity over a period of years, in which case the payments would be taxed as an annuity. In either method, only the net distributions would be taxable (amount received less the tax-paid contributions made by the "owner-employee").

Example: Assume Doctor X makes contributions to a qualified fund of $2,500 a year over a period of 10 years. At age 60, he elects to take a lump-sum distribution of the fund which is valued at $31,200. He has already paid the tax on 50 per cent of his contributions or $12,500. Therefore, the tax will be computed on $18,700 ($31,200 less $12,500) using the special averaging method. If he elects to take an annuity, his cost basis in the annuity would be $12,500.

Fund Subject to Federal Estate Tax

In the event of death of an "owner-employee" covered by a plan, his interest must be distributed to his beneficiaries within five years of the date of his death or used within five years to purchase an annuity payable to a beneficiary. The interest of a self-employed individual in a retirement plan would be included in his estate and subject to federal estate taxes.

Caution is Recommended

The Self-Employed Individuals Retirement Act as enacted into law is a substantial change from the original legislation proposed. This is true to the extent that the tax benefits gained are questionable in comparison to the potential tax pitfalls and other disadvantages. A physician desiring to set up a plan should seek the advice of competent tax counsel and give careful consideration to the effect of the plan on his family's needs and his estate.

This article has been prepared only as a general guide and no attempt has been made to cover all the provisions of the new law. Also, at the time of preparation of these comments, the Regulations on the new law had not been issued by the Treasury Department.

The President's Page

Two Controversial Bills

THE 1963 session of the West Virginia Legislature will be convened in Charleston on January 9. An unusually large number of bills of interest to the medical profession will be considered during the 60-day session—two of which were the subject of a statement I released to the news media on December 17. It is imperative that our views on this legislation be widely disseminated and for that reason the statement is reprinted below in its entirety:

"In their present form, two legislative measures proposed by Sen. William A. Moreland of Morgantown are unacceptable to the West Virginia State Medical Association. Singly, and as a pair, these bills would lead directly to the lowering of the quality of medical care in this State. We will not endorse and, in fact, will vigorously oppose these and any other attempts to lower standards of health care for the citizens of West Virginia.

"Two separate legislative proposals are at issue. The first involves easing the licensing restrictions for graduates of foreign and sub-standard medical schools. Members of this Association have been aware of and concerned about problems of licensing certain individual, highly qualified graduates of some medical schools. The stumbling block in these cases has been lack of citizenship. It is unthinkable to strip the present law of all its highly desirable precautionary elements to rectify a few unfortunate and isolated instances of temporary inconvenience.

"Among other things, the proposed bill would obligate the West Virginia Medical Licensing Board to grant licenses to any foreign graduates who happened by some chance to have become licensed in another State. Such a provision would expose the citizens of this State to the depredations of not just the possible inferior ministrations of questionably qualified foreign graduates, but to the charlatanish American graduates of questionable character and ethics driven from other states by inept or unsuccessful practice.

"Proponents of this measure are obviously of the opinion that any doctor, even an inferior one, is preferable to no doctor. We are not of that opinion. The present law wisely protects the citizens of West Virginia from such inferior doctors. This law must not be subverted. Any changes in it must be preceded by thoughtful deliberation of all possible consequences and implications by legislators, appropriate medical groups and the Medical Licensing Board.

"The second proposal at issue involves legalizing group practice under a corporate structure. We should like to point out that in West Virginia at present, under existing laws, group practice by physicians is possible and is being done by groups all over the State. This proposal seems to our eyes to be just another insurance scheme in disguise. It proposes to set up a method of pre-paid medical insurance without the obligations of being bound by regulations applicable to other ethical insurance plans. It further stipulates that such corporations are to be governed by a Board of Directors, none of whom may be physicians.

"Section 6 of the Principles of Medical Ethics of the American Medical Association stipulates 'A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.' Any violation of this Code would presuppose the hiring of potentially unethical physicians to minister to the sick of this State.

"It is clear that there are areas in this State where insufficient physicians are available. It is equally clear, however, that these proposals are for absolutely nothing that can constructively solve this problem.

"We look upon these proposals as an unconscionable assault on the high medical standards prevailing in this State which represent the product of years of struggle in reaching them. The passage of either proposal could be viewed as nothing less than a catastrophe for the citizens of West Virginia. We will not only take this matter to our legislators but to our patients, at least 25,000 of whom we see each day."

L. J. Pace, M. D., President

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EDITORIALS

PROBLEMS OF SPACE TRAVEL: HYPODYNAMIC UROLITHIASIS

Prolonged space travel doubtless will present many biomedical problems. The state of weightlessness, for example, over a relatively long period of time may produce certain physiologic, or, indeed, pathologic conditions which presently cannot be foreseen. An individual traveling to one of our neighboring planets will be subjected to a state of weightlessness for many months. The consensus now is that a round trip to Venus would require at least ten months, whereas, a journey to the more distant Mars would take seventeen months or longer.

Cockett et al.[2] of the School of Aerospace Medicine have emphasized that individuals, who for some reason or other, are subjected to long periods of muscular activity often suffer a hypodynamic urolithiasis. For example, it has been shown that when large areas of the human skelton are immoblized, there is an increased excretion of urinary calcium.[1] Furthermore, it is known that stasis in the urinary bladder is an important factor in stone formation. There is also some evidence that emotional stress may possibly play a role.[1]

An individual incarcerated in the cabin of a space ship, is, of course, in a state of weightlessness after he has left the pull of earth's gravity, and has but little opportunity to take vigorous muscular exercise. It is recognized, also, that a state of weightlessness has a tendency in many individuals to dull or eliminate the desire to urinate. That there is an emotional factor in any space flight needs no elaboration.

Cockett et al. suggest several prophylactic measures to prevent the formation of stones; among these are: (1) Taking vigorous physical exercises, using spring loaded devices; (2) attention to diet—excessive intake of calcium should be avoided, and three liters of fluid should be ingested daily; and (3) urine should be voided on a rigid schedule, so that bladder stasis will not occur.

Since in a space ship the water is used over and over again, with negligible losses, there would be no practical objection to consuming three liters of fluid each day. However, there is another approach to this problem. Cordonnier and Talbot[3] have demonstrated that the ingestion of relatively large doses of sodium acid phosphate greatly reduce the total urinary calcium excretion. If sodium acid phosphate were used, it is likely that the ingestion of fluid could be somewhat reduced.

Whether urolithiasis can be entirely prevented in prolonged space travel, of course, remains to be seen. It is possible that a number of years may elapse before human beings attempt a

flight, even to our nearest planet, but when the times comes, and there is good reason to feel it will, medical science should be prepared.

1. Butt, A. J., *Etiologic Factors in Renal Lithiasis.* Springfield, Illinois, Charles C. Thomas, 1956.
2. Cockett, A. T. K., C. C. Beehler, and J. E. Roberts. School of Aerospace Medicine, USAF Aerospace Medical Center, Brooks Air Force Base, Texas. Review 2-62, December 1961.
3. Cordonnier, J. J., and B. S. Talbot. J. Urology, 60:316, 1948.

C. B. PRIDE, M. D.

They don't often come like Ben Pride. And when they do, their going leaves a void which seems beyond ever being closed. But those who knew Ben Pride longest and best will understand why his life gives them an appreciation of these words of the late John Erskine:

"Certain actions, certain gestures, certain attitudes, are imperishable; they add themselves to the most fixed portion of the world which we inherit."

In his quiet, self-effacing way, Ben Pride's long career in this community translated actions, gestures, and attitudes into an unbroken pattern of service not only marking him as one of "those who found here the happy life," but also bringing countless others into that company.

Possibly because he had no talent for being an "organization man," his contributions to his profession were less conspicuous than they deserved to be. But as practitioner, teacher, and examiner, he long exercised a rare influence upon the medical profession as a whole and upon individual practitioners with whom he was brought into contact. This was an influence of moderation—responsibility and devotion.

Those who were his patients never lacked opportunity to see how those qualities controlled his care of them even if they were unaware of the far wider influence of the same qualities elsewhere.

But you didn't have to be one of Ben Pride's patients to be one of his friends—and to be one of his friends was a deep and abiding satisfaction beyond all price. There wasn't the slightest trace of the glad-hander in his makeup, but if he was your friend he was your friend all the way.

For a little more than two years, Ben had been fighting what he knew from the very beginning was a losing fight against cancer. But not for a moment did he allow that to dim his spirit or lessen his interest in those concerns, professional and personal, that had enriched his life and the lives of all those he had come to know.

For him his passing away yesterday afternoon was a merciful relief from physical anguish he had too long had to endure. But for those left behind, the loss is a heavy one despite their full recognition of how much he added to "the most fixed portion of the world which we inherit."—*The Morgantown Post.*

WHICH ROAD TO MEDICAL SECURITY

Although nearly twenty-five years have rolled by since the medical profession gave birth to prepaid medical care, the ultimate pattern of operation and control of prepayment in the United States is yet to be determined. Several contrasting programs are competing for popular and professional favor—each embodying a distinct concept of the relationship between patient and doctor.

One such program is the limited cash reimbursement plan of the insurance industry, which offers the insured certain dollar indemnities against certain medical contingencies, irrespective of the physician's charges for the services required.

Another major program is medicine's Blue Shield plan, which seeks to assure the lower and medium income patient of fully paid professional services, through professionally negotiated schedules of payment and, in most areas, through the voluntary commitment of participating physicians.

A third program is the "closed panel" of physicians. Operating frequently under labor or other "consumer" auspices, this plan offers a comprehensive service through a limited group of physicians remunerated by salary or per capita allowances, regardless of the amount of services required of them.

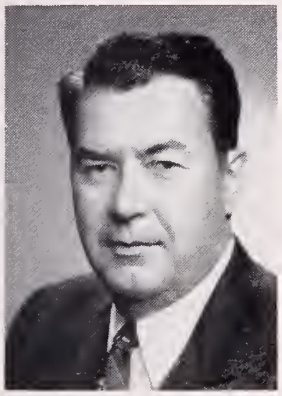
And back of all these programs is a shadow plan of "socialized medicine"—a dreamy contrivance which apparently can only be sold by attempting to discredit all that has been accomplished by the proponents of free enterprise. In the long run, the people—our patients—will support the system of medical care prepayment that offers them the best assurance of satisfactory professional service through physicians and institutions of their own choosing.

Blue Shield is the program that best reflects the traditional American pattern of private practice. It's the program that is most clearly motivated to render service to the patient and to meet the needs of all segments of the community. It's the one program that was created by physicians and that is directly responsive to the guidance of the profession. Blue Shield alone—of all medical prepayment plans in operation today—deserves our unstinting support and cooperation.

GENERAL NEWS

Dr. Charles A. Hoffman Named Member Of AMA Insurance Committee

Dr. Charles A. Hoffman of Huntington has been appointed a member of the Committee on Insurance and Prepayment Plans of the Council on Medical Service of the American Medical Association. Announcement of the appointment was made during the 16th Annual AMA Clinical Meeting which was held in Los Angeles, November 25-28.



Charles A. Hoffman, M. D.

Doctor Hoffman, who also serves as one of two AMA Delegates from West Virginia, is a past president of the West Virginia State Medical Association. He has served for several years as Chairman of the State Medical Association's Committee on Insurance and he is currently serving as treasurer of the American Urological Association.

Also in attendance at the Clinical Meeting were Dr. Frank J. Holroyd of Princeton, AMA Delegate, Dr. D. E. Greeneltch of Wheeling, immediate past president of the State Medical Association, and Dr. John W. Hash of Charleston, a past president.

Dr. Greeneltch was among the speakers at the Fifth Annual Medical Services Conference which was held in conjunction with the Clinical Meeting. He discussed the implementation and operation of the MAA program in West Virginia and also participated in a panel discussion.

Summary of Los Angeles Meeting

The following summary of the Los Angeles meeting was prepared for publication by Dr. F. J. L. Blasingame, Executive Vice President of the American Medical Association:

Health care for the aged, medical ethics, graduate medical education, expansion of the AMA Board of Trustees and a study of the sections and scientific program of the AMA were among the major subjects acted upon by the House of Delegates during the Clinical Meeting.

In keynoting the Association's attitude toward Social Security health care for the aged, Dr. George M. Fister of Ogden, Utah, AMA president, told the opening session of the House:

"We will not compromise on the fundamental principles in which we believe and for which we have fought in the past with courage and good judgment. We will not jeopardize our position either by indicating a willingness to consider a compromise which would damage our basic principles, or by hasty action which might be misinterpreted."

Doctor Fister urged the entire medical profession to understand the basic issues in this struggle so that they can recognize the difference between compromise and surrender.

"The people will respond to the truth," he said, "and it is imperative that we as individuals and as an organization see that they get the truth."

Support for Kerr-Mills Program

The House reaffirmed, without compromise or change, the Association's present policy of opposition to the King-Anderson type of legislation and support for the Kerr-Mills program. In so doing, it also approved in principle the following suggested amendments to the Kerr-Mills Law:

1. Remove the requirements that both Old Age Assistance (OAA) and Medical Assistance for the Aged (MAA) programs be administered by the same agency;
2. Provide flexibility in the administration of the income limitations proposed under state law so that a person who experiences a major illness may qualify for benefits if the expense of that illness, in effect, reduces his money income below the maximum provided;
3. Include a provision in the law requiring state administering agencies to seek expert advice from physicians or medical societies through medical advisory committees; and
4. Provide for "free choice" of hospital and doctor under state programs.

At the same time, the House also endorsed in principle four proposed amendments to the Internal Revenue Code, designed to assist in financing the medical and hospital expenses of the aged. These amendments would: liberalize tax deductions for medical expenses of dependents over age 65; remove the 1 per cent drug limitation and include drugs as medical expenses; permit taxpayers over age 65 to receive full tax benefit for medical expenses by use of the carry-forward and carry-back principle, and provide a tax credit for medical expenses paid by the over age 65 taxpayer, proportionate to the relation between his medical expense and taxable income.

No Compromise on Basic Principles

The House also approved a status report which concluded with this statement:

"It is our strong conviction that the legislative situation, the expanding health insurance and prepayment coverage, the improving economic status of the aged, and the many other factors cited in this report require that we face the 1963-1964 Congressional campaign without defeatism or complacency and with pride in the progress that has occurred. Finally, it is, above all, essential that our position not be undermined by the adoption of any policies that compromise our basic principles."

In considering seven so-called "pledge" resolutions, involving professional freedom, the House adopted a substitute resolution urging that all physicians be encouraged to support the position taken by the House of Delegates in June, 1961. That policy statement said:

"The House of Delegates invites attention to the fact that the medical profession is the only group which can render medical care under any system and that the medical profession is best qualified to determine how the best medical care can be delivered.

"The House of Delegates believes that the medical profession will see to it that every person receives the best available medical care regardless of his ability to pay, and it further believes that the profession will render that care according to the system it believes is in the public interest and that it will not be a willing party to implementing any system which is detrimental to the public welfare."

Medical Ethics

The Judicial Council submitted a report containing new opinions on the medical ethics involved in physician ownership of drug stores, drug repackaging houses and drug companies, dispensing of glasses by ophthalmologists, and advertising practices of medical laboratories. The House decided that the questions of physicians ownership of drug stores, drug repackaging houses and drug companies, and the dispensing of glasses by ophthalmologists, should not be acted upon at this time. Those opinions were returned to the Judicial Council for further study and report. The House approved the portion of the report relating to advertising practices of medical laboratories and agreed that the propriety of such practices should be determined at the local level in compliance with the new opinion. The House also approved the rules of procedure adopted by the Judicial Council for disciplinary action in cases where the Association now has original jurisdiction as conferred by the June, 1962, change in the Bylaws.

Interns and Residents

A special report on the compensation of interns and residents, which was published in the October 27 issue of JAMA, was presented to the House by the Council on Medical Education and Hospitals and the Council on Medical Service. The report was submitted as information only, with a request for further study, comments and suggestions. The House urged that all delegates, hospital staffs and medical societies discuss the report and forward all suggestions to the two Councils in time to influence the form of the report to be presented for action at the June, 1963, meeting.

Internships and Hospital Services

In another action on graduate medical education, the House approved a report on internships and hospital services in which the Council on Medical Education and Hospitals recommended numerous changes in the Essentials of an Approved Internship. The House declared that "their acceptance will further strengthen the educational values of the internship and advance American medicine's contribution to worthy goals of international educational exchange."

The House modified one Council recommendation to read as follows:

"In order to maintain high standards of education and better assure the patient's welfare, at least 25 per cent of the total house staff (interns and residents) of a hospital should be graduates of accredited United States or Canadian medical schools. When United States and Canadian graduates represent a lesser portion of the house staff for two successive years, this will warrant that serious consideration be given to disapproving the internship."

The House instructed the Council on Medical Education and Hospitals to exert every possible effort and influence so that all hospitals with approved house officer training programs accept a reasonable number of foreign medical school graduates.

Board of Trustees

The House, by a vote of 130 to 48, adopted changes in the Constitution and Bylaws which would have implemented the June, 1962, recommendations of the Ad Hoc Committee on the Board of Trustees, including expansion of the Board from 11 to 15 members. However, the Judicial Council later informed the House that the affirmative votes necessary to amend the Constitution should have totalled at least 144, or two-thirds of the 216 voting delegates registered at the Wednesday session. The House then adopted a motion to vote on the proposed Constitutional amendments, in accord with the changes made in the Bylaws, at the opening session of the June, 1963, meeting.

Section and Scientific Program

A report by the Committee to Study the Scientific Sections, recommending major changes in the organizational structure and scientific program of the Association, was presented to the House by the Board of Trustees. However, because of many requests for delay in approval, the House instructed the Speaker to appoint an Ad Hoc Committee composed of members of the House, and including representatives of the sections, to study the subject and report next June.

Miscellaneous Actions

In considering a wide variety of resolutions and annual and supplementary reports, the House also:

Instructed the Board of Trustees to use every influence in their command to have the *Hill-Burton Law* amended in such a manner as to eliminate all categorical grants, eliminate the term "diagnostic and

treatment centers" from any listings in the act and prevent federal funds being awarded under existing law as a grant to closed panel medical corporations to build diagnostic and treatment centers.

Declared that it is both the responsibility and duty of the AMA to submit testimony before Congress on the subject of *research appropriations* in the health field.

Urged state and county medical societies to continue promoting the aggressive, consistent development of *Blue Shield* senior citizen programs.

Encouraged medical societies and physicians to provide cooperation and leadership in the formulation and operation of regional *hospital planning* bodies.

Approved *Essentials* of Acceptable Schools for Inhalation Therapy Technicians, Cytotechnology and Medical Technology and of Approved Residencies in Pediatric Cardiology.

Recommended that a Board report and two resolutions dealing with the *"Liberty Amendment"* be rereferred to the Council on Legislative Activities for further study.

Warned against the dangerously low level of immunization for *smallpox* and urged physicians and their patients to maintain the needed protection.

Pointed out that state and county medical societies should collaborate with departments of *public health* in the interest of community health, always keeping in mind the need for a proper balance between local public health programs and the private practice of medicine.

Authorized the Board of Trustees to investigate the feasibility of establishing a *physicians' pension plan* and to present a plan for the implementation of such a program to the House in June.

Instructed the Board of Trustees to study the feasibility of *regional clinical sessions*, taking into consideration the already established regional meetings of medical specialty groups and the Academy of General Practice.

Commended the Council on National Security and its Committee on *Disaster Medical Care* for initiating a visitation program with committees on emergency medical service of state medical societies.

Expressed appreciation and thanks to the *Woman's Auxiliary* for their impressive accomplishments in behalf of our free society.

Opening Session

The delegates learned from a report by the American Medical Association Education and Research Foundation that one out of every ten medical students in the U.S. is now benefitting from the new student loan program. Since its inception nine months ago, the program has granted loans totaling more than nine million dollars to 3,042 medical students and 1,787 interns and residents, with applications being received at a rate of 150 per week. It also was announced that Merck Sharp & Dohme pharmaceutical company is making a second grant of $100,000 in support of the loan fund. The AMA-ERF also received contributions totaling $440,583 from physicians in five states for financial aid to medical schools.

Dr. D. E. Greeneltch of Wheeling, left, immediate past president of the State Medical Association, is shown with other speakers at the Fifth Annual Medical Services Conference held in conjunction with the 16th Annual AMA Clinical Meeting in Los Angeles. Senator Carl T. Curtis of Nebraska, center, was the featured speaker, and Dr. John Flack Burton of Oklahoma City is chairman of the AMA Council on Medical Service.

Registration

Final registration at the meeting reached a total of 10,908, including 5,209 physicians.

New Association Members

Dr. Andrew J. Goodwin, II, 310 Medical Arts Building, Charleston (Kanawha). Doctor Goodwin, a native of Oil City, Pennsylvania, was graduated from Colgate University and received his M. D. degree in 1957 from the University of Michigan Medical School. He interned at Mary Hitchcock Memorial Hospital in Hanover, New Hampshire, 1957-58, and served a residency at the Mayo Clinic, 1959-62. His specialty is radiology.

* * * *

Dr. Harold Selinger, 1123 Virginia Street, East, Charleston (Kanawha). Doctor Selinger was born in New York City and received his M. D. degree in 1953 from the New York State University College of Medicine. He interned at Maimonides Hospital in New York City, 1953-54, and served as a resident and Fellow at Jewish Hospital in Brooklyn, 1956-61. He served as a Captain in the Medical Corps of the United States Air Force, 1954-56, and his specialty is cardiology.

Congress on Medical Education

The 59th Annual Congress on Medical Education will be held at the Palmer House in Chicago, February 2-5, under the sponsorship of the Council on Medical Education and Hospitals of the American Medical Association.

Further information may be obtained by writing Dr. Walter S. Wiggins, AMA Council on Medical Education and Hospitals, 535 North Dearborn Street, Chicago 10, Illinois.

Dr. A. C. Esposito Named to Council Of Southern Medical Association

Dr. Albert C. Esposito of Huntington was elected to a five-year term on the Council of the Southern Medical Association during the 56th Annual Meeting in Miami Beach, Florida, November 12-15. He succeeds Dr. Howard A. Swart of Charleston.

Albert C. Esposito, M. D.

Doctor Esposito, who is vice president of the West Virginia State Medical Association, also was named Chairman - Elect of the Section on Ophthalmology of the Southern Medical Association.

Dr. H. Charles Ballou of White Sulphur Springs was elected Secretary of the Section on Industrial Medicine and Surgery during the four-day meeting.

Four State Physicians Present Papers

Dr. Justus C. Pickett of Morgantown was one of four West Virginia physicians presenting papers during the meeting. His paper on "The Lumbar Ligamentum Flavium in Low Back and Sciatic Pain" was given before the Section on Orthopedic and Traumatic Surgery.

Dr. Jack A. Vermeeren of Beckley presented a paper on "The Suspicious Cervix and the Infrequent Necessity for Conization" before the Section on Gynecology. Drs. Michael M. Klein and Eugene L. Walsh of the Huntington VA Hospital presented a paper on "Kinking and Buckling of the Aorta (Psendocartation) Simulating Mediostinal Tumors" before the Section on Radiology. They also had a scientific exhibit illustrating this Snydrome.

Serve as Discussants, Moderator

Dr. James T. Spencer of Charleston discussed "Congenital Deafness" and Doctor Esposito "Vomiting After Cataract Surgery" before the Section on Ophthalmology and Otolaryngology. Dr. Joseph E. Martin, Jr., of Elkins, served as moderator of a panel discussion on industrial chest diseases.

Mrs. Vernon L. Dyer of Petersburg, Southern Medical Councilor from West Virginia, attended the 38th annual meeting of the Auxiliary which was held in conjunction with the meeting of the Association.

Frederick H. Dobbs, II, of Charleston, a senior at the West Virginia University School of Medicine, attended the meeting along with representatives from 20 other medical schools in the southern area. He is the son of Dr. and Mrs. Frederick H. Dobbs of Charleston.

Missouri Physician New President

Dr. Daniel L. Sexton of St. Louis, Missouri, was installed as president of the Association for the coming year. He succeeds Dr. A. Clayton McCarty of Louisville, Kentucky.

Other officers were elected as follows:

Dr. Robert D. Moreton of Fort Worth, Texas, president elect; Dr. R. H. Kampmeier of Nashville, Tennessee, first vice president; and Dr. Leonidas W. Dowlen of Miami, Florida, second vice president.

The chairman of the Council will be Dr. Guy T. Vise of Meridian, Mississippi, and Dr. Oscar Benwood Hunter, Jr., of Washington, D. C., was named vice chairman.

Distinguished Service Award

Dr. Wilburt C. Davison of Durham, North Carolina, former Dean and Professor of Pediatrics at the Duke University School of Medicine, was selected as the recipient of the Distinguished Service Award for his work in advancing the quality of medical education and the progress of medicine in the South.

The fourth Seale Harris Award was presented to Dr. Howard Holley, Professor of Medicine and Head of the Division of Rheumatology at the University of Alabama Medical Center at Birmingham, Alabama, for his contribution toward the understanding of rheumatic fever diseases and other aspects of medicine.

1963 Meeting in New Orleans

More than 5,000 persons attended the four-day meeting. Headquarters for the meeting was the Hotel Fountainebleau. The 57th Annual Meeting of the Southern Medical Association will be held in New Orleans, Louisiana, November 18-21, 1963.

Ophthalmology Section Accepting Papers

The Section on Ophthalmology and Otolaryngology of the Southern Medical Association is now accepting papers to be considered for presentation before the annual meeting in New Orleans, Louisiana, November 18-21, 1963.

A title and brief abstract of 75 words or less should be sent to Dr. Albert C. Esposito, 1212 First National Bank Building, Huntington 1, West Virginia. The deadline is May 15.

Thoracic Meeting at Denver

Scientific papers, round-table discussions and luncheon seminars on clinical and laboratory work in tuberculosis and other respiratory diseases are scheduled at the Annual Meeting of the American Thoracic Society in Denver, Colorado, May 13-15.

Dr. Charles LeMaistre of Dallas, Texas, is chairman of the program committee for the three-day meeting which will be held in conjunction with the annual convention of the National Tuberculosis Association.

PG Course in San Francisco

The American College of Physicians will present a postgraduate course on the "Modern Physiological Concept of Cardiovascular Disease" at the Presbyterian Medical Center in San Francisco, February 11-15.

The registration fee is $60 for ACP members and $80 for non-members. Further information may be obtained by writing Dr. Edward C. Rosenow, Jr., Executive Director, 4200 Pine Street, Philadelphia 4, Pennsylvania.

New Heart Association Booklet

The second of two booklets prepared to aid physicians in prescribing modified fat diets for patients as a means of lowering blood cholesterol levels is now available from the West Virginia Heart Association. Both booklets are distributed only to patients presenting a doctor's prescription.

The new booklet is entitled "Planning Fat-Controlled Meals for Unrestricted Calories." It is intended for patients in whom the physician wants to bring down cholesterol levels without necessarily producing a loss in weight. The first booklet "Planning Fat-Controlled Meals for 1200 and 1800 Calories," is primarily for use with overweight patients.

Copies of the booklet may be obtained by writing the West Virginia Heart Association, 759 West Washington Street, Charleston, West Virginia.

PG Course in Surgery

A postgraduate course on "Surgery of the Head and Neck" will be presented at the Cleveland Clinic Educational Foundation in Cleveland, January 9-10. The foundation formerly was known as the Frank E. Bunts Educational Institute.

The course will be presented by staff members of the Cleveland Clinic Foundation assisted by several guest speakers. The registration fee is $30 and registration will be limited to 125 persons.

Further information may be obtained by writing Dr. Walter J. Zeiter, Director of Education, The Cleveland Clinic Educational Foundation, 2020 E. 93rd Street, Cleveland, Ohio.

Geriatrics Essay Contest

Awards totaling $1,300 will be presented by the National Geriatrics Society in its second annual essay contest on the "Relationship of Geriatric Institutions to Community Life."

The first prize is $500 with $300 for second and $200 for third place and $100 each to those who finish fourth, fifth and sixth in the competition. The deadline for entries is March 15 and winners will be announced at the annual meeting in New Orleans, May 6-9.

Further information may be obtained by writing Dr. Joseph B. Enos, President, 38650 Mission Boulevard, Niles, California.

Spring Congress in Roanoke

Dr. Rudolf Witmer, director of the Zurich Clinic in Zurich, Switzerland, will be among the guest speakers at the 36th Annual Spring Congress in Ophthalmology and Otolaryngology and Allied Specialties in Roanoke, Virginia, April 1-5.

The meeting is sponsored by the Gill Memorial Eye, Ear and Throat Hospital. Further information may be obtained by writing to the Superintendent, Gill Memorial Eye, Ear and Throat Hospital, Box 1789, Roanoke, Virginia.

Two W. Va. Physicians on Program For ACS Sectional Meeting

Two West Virginia physicians will appear on the program at the annual four-day joint sectional meeting of the American College of Surgeons at the Penn-Sheraton Hotel in Pittsburgh, March 11-14.

Dr. Robert R. Trotter of Morgantown will present a paper on "Epithelial Down Growth-Surgical Treatment," before the Section on Ophthalmic Surgery on Tuesday, March 12.

Dr. Herbert E. Warden of Morgantown, Professor of Surgery at the West Virginia University School of Medicine, will participate in a panel discussion on "Open Heart Surgery in Congenital Heart Lesions" on Thursday, March 14.

The surgical program for the meeting approaches in scope the annual Clinical Congress, having sessions in general surgery and all of the surgical specialties including plastic surgery, neurosurgery, ophthalmology, otolaryngology, orthopedic surgery, obstetrics and gynecology, thoracic surgery, proctology and urology.

More Than 1,600 Receive Penicillin In Rheumatic Fever Program

More than 1,600 people in West Virginia have received free penicillin through the rheumatic fever prevention program of the West Virginia Heart Association and the State Department of Health.

At the end of November, a total of 1,634 persons in the state were taking part in the program, an increase of almost 200 over 1961 and 400 over the November, 1960 total.

The penicillin is available to medically indigent patients. It is distributed to persons, mostly children, who have had a known attack of rheumatic fever or who have known rheumatic heart disease or cardiac surgery or congenital heart disease of such magnitude that the referring physician deems prophylaxis advisable.

Symposium on Heart Disease

A symposium on "Genetics and Heart Disease," sponsored by the Heart Association of Southeastern Pennsylvania, will be held at the Hotel Sheraton in Philadelphia, January 24-26.

Further information may be obtained by writing Dr. Albert N. Brest, 318 So. 19th Street, Philadelphia 3, Pennsylvania.

PG Course in Georgia

A postgraduate course on "Growth and Development—Management of Common Behaviour Disturbances," will be presented by the Medical College of Georgia in Augusta, February 12-14.

Further information may be obtained by writing the Department of Continuing Education, Medical College of Georgia, Augusta.

Cancer Detection Project Underway In Charleston-Huntington Area

West Virginia's Cervical Cancer detection project has been opened in the Charleston-Huntington area. State Director of Health N. H. Dyer said in a recent issue of the "State of the State's Health" that this community demonstration project, financed by a $105,000 U. S. Public Health Service Grant, is designed to detect cervical cancer among women in these two heavily populated areas of our state.

"This program provides facilities and means for cytological screening of those women in the child-bearing ages whose financial status would interfere with their being beneficiaries of one of the most promising developments in the battle against cancer," Doctor Dyer said.

Sponsored by Pathologists

The project is sponsored by the West Virginia Association of Pathologists under the chairmanship of Dr. Peter P. Ladewig of Charleston. Members of the project executive committee are Drs. Grover B. Swoyer of Charleston and Siegfried Werthammer and F. C. Hodges of Huntington. Mr. Ruben G. Ball, a former hospital administrator in North Carolina, has been named as Executive Secretary. Headquarters for the project is being provided by the Division of Cancer Control at its offices in the State Department of Health.

Five hospitals have made the facilities of their tumor clinics available. These are Charleston General, Memorial, and Kanawha Valley in Charleston, and Cabell-Huntington and St. Mary's in Huntington. An intensive public education program is now being initiated in the study areas in order that the greatest number of women may take advantage of this project.

Vital Statistics Progress Noted

In another issue of "State of the State's Health," Doctor Dyer commended the progress in the recording of births and deaths in West Virginia as carried out by the Division of Vital Statistics. He said that while some births go unrecorded every year, particularly in those cases where there is no physician or licensed midwife in attendance, birth registration is no great problem today as 97 per cent now occur in hospitals.

He pointed out that a Birth Registration Completeness Test had been devised by the United States Bureau of Census and the Public Health Service to insure more accurate reporting. After the 1940 census, 86.5 per cent of West Virginia's births were being registered but the 1950 census revealed a 94.3 registration. Figures have not been received from the 1960 census.

This past year a program of personal visits by the Division staff to registrars of vital statistics in each of the state's counties has fostered significant improvements in the birth and death registration. One violation corrected was the practice of some non-medical coroners of completing the medical certification of death certificates for which they were neither qualified nor eligible under existing laws. Another legal requirement, often overlooked, requires that death certificates carry the signature of the informant. Two years ago, less than one-half of the certificates received by the State Division met this requirement but since the visitation, a recent month's certificates show 87 per cent met this qualification.

Dr. D. E. Greeneltch New Member Of Medical Licensing Board

Dr. D. E. Greeneltch of Wheeling, chairman of the Council of the West Virginia State Medical Association, has been appointed by Governor W. W. Barron as a member of the Medical Licensing Board of West Virginia for an unexpired term ending June 30, 1965.

Doctor Greeneltch, immediate past president of the State Medical Association, succeeds the late Dr. C. B. Pride of Morgantown, who died on November 12. Doctor Pride had been a member of the Medical Licensing Board since 1949.

PG Course in General Practice

The Cleveland Clinic Educational Foundation will present a postgraduate course on "General Practice" in Cleveland, February 6-7. The foundation formerly was known as the Frank E. Bunts Educational Institute.

The course is sponsored by the Cleveland Chapter of the American Academy of General Practice and is acceptable for 10 hours of Category I Credit. The registration fee is $20 and registration will be limited to 150.

Further information may be obtained by writing Dr. Walter J. Zeiter, Director of Education, The Cleveland Clinic Educational Foundation, 2020 E. 93rd Street, Cleveland, Ohio.

Medical Meetings, 1963

The following is a partial list of national, state and district medical meetings scheduled for 1963:

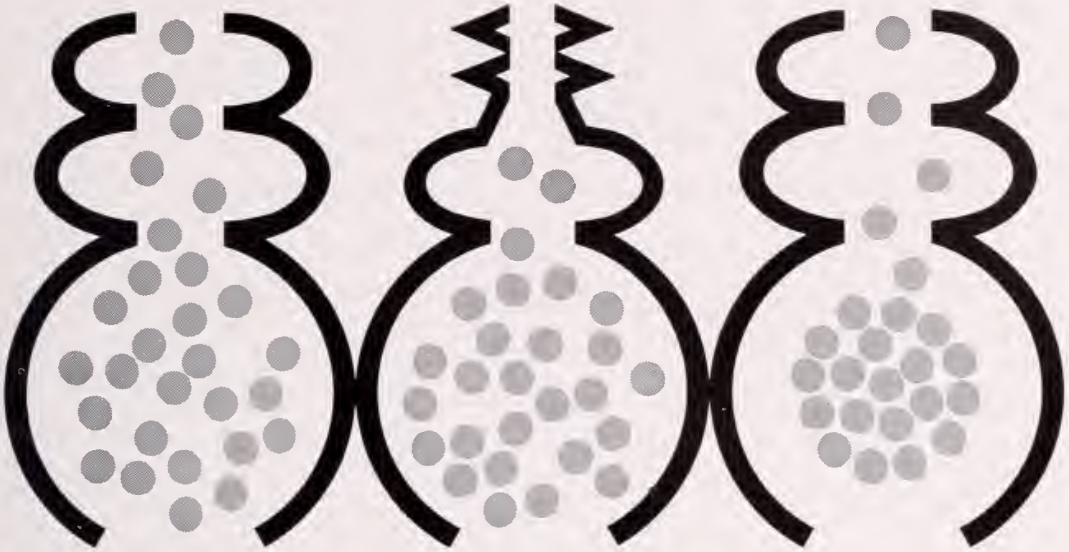
Mar. 11-14—ACS Sectional Meeting, Pittsburgh.
Apr. 17-20—W. Va. Acad. Oph. and Otol., White Sulphur Springs.
May 3-4—W. Va. Soc. Med. Technologists, Clarksburg.
May 13-15—National TB Assn., Denver.
May 24-26—W. Va. Chapter AAGP, Charleston.
June 16-20—AMA Annual Meeting, Atlantic City.
Aug. 22-24—W. Va. State Medical Association, The Greenbrier, White Sulphur Springs.
Oct. 9-11—W. Va. Hospital Association, Wheeling.
Oct. 10-12—AMA School Conference, Chicago.
Oct. 27-31—ACS Clinical Congress, San Francisco.
Nov. 18-21—Southern Medical, New Orleans, La.
Dec. 1-4—AMA Clinical Meeting, Portland, Ore.

Relocations

Dr. George F. Grisinger, who practiced for many years in Charleston, has moved to Beckley to accept a position as a member of the staff at the VA Hospital in that city.

* * * *

Dr. Kenneth E. Blundon, who practiced his specialty of urology in Charleston for the past nine years, has moved to Eugene, Oregon, and his address in that city is Eugene Medical Center Building.



lowers motility | relieves cramping | stops diarrhea

LOMOTIL® Antidiarrheal tablets and liquid

(brand of diphenoxylate hydrochloride with atropine sulfate)

Traditionally the most effective means of slowing excess intestinal motility in diarrhea and so of relieving the disorder have been the opium derivatives. Now Lomotil makes available an antidiarrheal agent[1] of greater therapeutic efficiency than morphine.

By controlling hypermotility, the basic mechanical dysfunction of diarrhea, Lomotil reduces the frequency and fluidity of stools, diminishes cramping and controls diarrhea in many patients in whom other drugs have proved inadequate.

In a recent clinical report Cayer and Sohmer[2] state: "The alleviation of symptoms [with Lomotil] was usually prompt, occurring within 24 to 72 hours even in the long-standing chronic cases. . . . A surprisingly satisfactory response was obtained in 75 per cent of the patients with regional enteritis and in 63 per cent of those with ulcerative colitis, all of whom had failed to respond to other measures."

The high therapeutic efficiency of Lomotil, its safety, convenience and economy may be used to advantage in acute or chronic diarrhea.

Dosage: For *adults* the recommended initial dosage is two tablets (2.5 mg. each) three or four times daily. Maintenance dosage may be as low as two tablets daily.

Lomotil is supplied as unscored, uncoated white tablets of 2.5 mg. and as liquid containing 2.5 mg. in each 5 cc. A subtherapeutic amount of atropine sulfate (0.025 mg.) is added to each tablet and each 5 cc. of the liquid to discourage deliberate overdosage. Recommended dosage schedules should not be exceeded.

Note: Lomotil is an exempt preparation under Federal narcotic statutes.

Detailed information and directions for use in children and adults are available in Physicians' Product Brochure No. 81. G. D. Searle & Co., P. O. Box 5110, Chicago 80, Illinois.

1. Janssen, P. A. J., and Jageneau, A. H.: A New Series of Potent Analgesics: Dextro 2:2-Diphenyl-3-Methyl-4-Morpholino-Butyrylpyrrolidine and Related Amides. I. Chemical Structure and Pharmacological Activity, J. Pharm. Pharmacol. 9:381-400 (June) 1957.
2. Cayer, D., and Sohmer, M. F.: Long-Term Clinical Studies with a New Constipating Drug, Diphenoxylate Hydrochloride, N. Carolina Med. J. 22:600-604 (Dec.) 1961.

G. D. SEARLE & CO. *Research in the Service of Medicine*

WVU Medical Center
—News—

EDUCATION directors of the 11 hospitals in West Virginia with approved programs of internship were invited to participate in four days of clinical instruction work at the Medical Center during December.

Dr. Kenneth E. Penrod, vice president of WVU and director of the Medical Center, said that this was the first of annual formal invitations to be extended medical education directors. He added that representatives are welcome at any time and their participation in the educational programs is encouraged.

One reason for the formal invitation was pointed out in a letter to the directors from Dr. Clark K. Sleeth, Dean of the School of Medicine:

"At this time of the year, the teaching of medical students can be observed in full progress, and at the same time, there can be an opportunity to attend and participate in the conferences, rounds and other sessions around which the house staff instruction is organized.

"Senior students will soon be making final decisions regarding internship choices, and we will want them to be reminded afresh of the opportunities available within West Virginia."

Three educational directors attended the meeting: Dr. C. D. Gettliffe of Charleston General Hospital and Dr. I. S. Perry of Memorial Hospital in Charleston, and Dr. G. M. Kellas of Wheeling Hospital.

Dean Sleeth said that 44 fourth-year students are tentatively scheduled for graduation in June, 1963. The first class of medical students finished work at WVU in June, 1962. Of the 15 who received the M. D. degree, five are interning in West Virginia; three at Memorial in Charleston, one at Charleston General and one at University Hospital in Morgantown.

1962 Report Distributed

A 1962 Medical Center Report has been mailed to other medical centers and schools of medicine, dentistry, nursing and pharmacy and teaching hospitals in the United States.

A four-page, two color report, it summarizes the Center's operations during the calendar year. It shows growth in students, staff and personnel. It also contains summaries of the Center's teaching, research and service programs.

Copies are available by writing to Room 1158, WVU Medical Center, Morgantown.

• **Compiled from material furnished by Howard Lewis, Administrative Assistant to the Vice President, West Virginia University Medical Center, Morgantown, West Virginia.**

Radiologist Joins Faculty

Dr. George G. Green of Sea Girt, New Jersey, has been appointed an Associate Professor of Radiology at the WVU School of Medicine. He formerly was director of the radio-isotope department at Fitkin Memorial Hospital in Neptune, New Jersey.

Doctor Green is a graduate of Rutgers University and received his M. D. degree from the New York Medical College in 1943. He is a Diplomate of the American Board of Radiology and the author of several papers outlining the results of his research into renal rickets and steroids in cancer of the breast.

Dr. McGavack Guest Lecturer

Dr. Thomas H. McGavack, associate chief of staff of the Martinsburg VA Center, gave the fifth in a series of Medical Center lectures on November 26.

Doctor McGavack, Professor Emeritus of Clinical Medicine at the New York Medical College and Professorial Lecturer at the George Washington University School of Medicine, lectured on the glandular relationships to aging.

WVU President Paul A. Miller, Lt. Col. S. N. Bhaskar of Washington, D. C., and Dr. Francis C. Jackson of the University of Pittsburgh School of Medicine were guest lecturers in December.

President Miller spoke on "The Hospital as a Social System" on December 3. Lt. Col. Bhaskar, a dentist and chief of the Department of Dental and Oral Pathology at the Walter Reed Army Institute of Research, delivered a paper on "Oral Cancer." Doctor Jackson discussed "Survival in the 1960's," a general topic on disaster medicine.

Harrison County Group Gives $2,000

The Harrison County Heart Association has given the WVU School of Medicine $2,000 for the purchase of the pump for a heart-lung machine. The gift was made through the WVU Foundation, Inc.

Dean Clark K. Sleeth said the funds provided by the Harrison County group and similar organizations are helpful in allowing the Medical Center to continue it progress in providing highly specialized services to patients at the University Hospital.

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The Month in Washington

• From the Washington Office of the American Medical Association.

HEALTH, Education and Welfare Secretary Anthony J. Celebrezze expressed the belief that state and local governments have the primary responsibility for welfare programs and other public services. He told a National Press Club luncheon:

"The federal government's responsibility should be limited to those matters which are of primary national interest and cannot be effectively carried on through individual or local community effort."

He also said that his basic welfare program policy would be to "help people help themselves."

But Celebrezze does not follow this philosophy of government to the point of weakening his support of the Kennedy Administration's social security hospitalization legislation. The Administration has said that it will push again for passage of such legislation in the new Congress convening on January 9. But Celebrezze conceded it would be difficult to secure House approval.

The Administration gave no indication in pre-session talk whether the big push for the legislation would be made in this year or in 1964.

Reaffirmed Opposition

The House of Delegates of the American Medical Association, at its recent 16th Clinical Meeting in Los Angeles, reaffirmed its opposition to the Social Security approach in providing health care for the aged. The AMA also reaffirmed its support of the Kerr-Mills program.

Dr. George M. Fister, AMA president, said the AMA "will not compromise on the fundamental principles" in the controversy. Noting that the medical profession again faces a hard fight on the issue in Congress, Doctor Fister expressed confidence that "we can again win."

A spokesman for the drug industry warned at a meeting of government and industry officials and consumers in Washington that enactment of the Administration medical care plan would open the way for the federal government "to extend its controls in all health areas, including drugs, ostensibly to assist patients economically to obtain these services." The spokesman, Francis C. Brown, president of Schering Corporation, added:

"Those who say it can't happen here may be deluding themselves. It can and it will if we permit it."

Four Physicians in Congress

The new Congress has only four physician members as compared to seven in the 1961-62 season.

Sen. Ernest Gruening (D., Alaska) and Reps. Durward Hall (R., Mo.) and Thomas Morgan (D., Pa.) were reelected. Dr. James D. Weaver (R., Pa.) captured a House seat in his first political race.

Reps. Walter Judd (R., Minn.) and Ivor Fenton (R., Pa.) were defeated in contests where redistricting was a major factor.

Rep. Dale Alford (D., Ark.) gave up his House seat and ran unsuccessfully for governor of Arkansas. Rep. Edwin Durno (R., Ore.) lost in a bid to switch from the House to the Senate.

The overall election results added four Democrats in the Senate, but appointment of a Republican to succeed a deceased Democrat cut the net gain to three. The Republicans increased their House strength by two members.

The Senate lineup now is 67 Democrats to 33 Republicans. The new House has 259 Democrats and 176 Republicans.

Fallout Shelters in Hospitals

The American Hospital Association and the Defense Department agreed on a program to use hospitals as public fallout shelters in event of nuclear attack.

In a joint statement, the AHA and the Defense Department said that "in these times every hospital has the responsibility to take practical and sensible measures to minimize loss of life resulting from radioactive fallout" should there be a nuclear attack.

It was estimated about 6,200 U. S. hospitals presently could provide fallout protection for more than three million persons. The program calls for the Defense Department providing the co-operating hospitals with emergency supplies of medical material, food and other emergency items to be stockpiled in basements and other places judged "safe" from fallout.

If Congress approves the Administration's request for a national shelter program, federal funds will be available to hospitals for additional construction that would be suitable for operating rooms, storage space, automobile parking and other similar purposes when not needed for fallout shelters.

American consumers spent a new high of $21.1 billion for health care in 1961, according to the Social Security Administration. The Federal Agency reported that the total private outlay for health care, which included $14.4 billion in direct out-of-pocket expenditures and $6.7 billion paid for health insurance, exceeded by $1.3 billion the total spent in 1960.

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Obituaries

WILLIAM STEVEN DICK, M. D.

Dr. William Steven Dick, 65, of London, Ontario, Canada, died on November 8 in that city.

Doctor Dick, a pathologist, practiced for 17 years in Parkersburg before establishing his residency in London in 1956. He was born in Edinburgh, Scotland, April 7, 1897, and moved to Canada during his youth.

He was graduated from the University of Western Ontario and received his M. D. degree in 1931 from the University of Western Ontario Faculty of Medicine.

Doctor Dick was a member of the Parkersburg Academy of Medicine, the West Virginia State Medical Association and the American Medical Association.

Besides his wife, he is survived by a son and daughter, all of London, Ontario.

* * * *

WALTER CONNER HALL, M. D.

Dr. Walter Conner Hall, 88, of Welch, died on December 6 at a hospital in that city.

Doctor Hall was born on Clear Fork, Tazewell County, Virginia, on November 20, 1874, son of T. K. and Elizabeth Conner Hall. He attended Tazewell College and received his M. D. degree in 1897 from the University of Virginia School of Medicine.

He opened his practice that same year in North Tazewell, Virginia, and moved to Welch in 1899, five years after that city was incorporated. He served one term as Mayor of Welch and for 28 years as President of the Brown's Creek District Board of Education in McDowell County.

Doctor Hall was an honorary life member of the McDowell County Medical Society, the West Virginia State Medical Association and the American Medical Association.

He is survived by three daughters, Mrs. O. E. Linkous, Jr., and Mrs. John W. Blakely, both of Welch, and Mrs. A. K. Parker of Bluefield; and one sister, Mrs. Mae Smith of Bluefield.

Drug Research Increased

Despite the harassment of a prolonged investigation often characterized by sensationalism, the pharmaceutical industry spent 13 per cent more on research and development in 1961 than in the year previous.

The pharmaceutical industry's investment in research is now three times that of average industry. In the period from 1959 to 1961 nearly 500 scientists were added to the staffs of 23 larger companies. The industry's faith in its competence is well founded on past performance. It will be supported by those it serves.—New York State Journal of Medicine.

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*Levin, S. J.: **Pediat. Clin. North America** 1:975, Nov., 1954.

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County Societies

BARBOUR-RANDOLPH-TUCKER

Dr. William K. Sieber, Assistant Professor of Surgery, Children's Hospital of Pittsburgh, was the guest speaker at the regular monthly meeting of the Barbour-Randolph-Tucker County Medical Society, which was held at Blackwater Falls Lodge on October 18.

He presented an interesting paper on surgery in young children, stating that elective surgery in infants should be postponed, if at all possible, until three months of age because anesthesia is relatively unsafe until that age.

Doctor Sieber said that all elective surgery should be avoided between 18 and 30 months because children of this age group do not withstand surgery well.

Dr. A. C. Thompson of Elkins, the president, presided at the business meeting at which time Dr. Hossein Golji of Elkins was unanimously elected to membership in the Society.

Twenty-nine members and guests attended the regular monthly meeting of the Barbour-Randolph-Tucker County Medical Society, which was held at the City Restaurant in Elkins on November 15.

Dr. Ross H. Musgrave, Assistant Professor of Surgery at the University of Pittsburgh School of Medicine, presented a paper on "Current Trends in Plastic Surgery" in infants and children. He stated that hemangiomas should be left alone until the age of five years before any surgical intervention unless they appear to be growing rapidly.

He discussed grafts of various types and their uses and said that cleft lip should be repaired at three months when the child weighs approximately 10 pounds and has a hemoglobin of 10 Gm., and that cleft palate should be repaired at 18 to 22 months before the child begins to talk and when tissues are mobile.

During the business meeting, the Society voted unanimously to amend the Constitution and By-laws to reduce the meetings to four per year. A fifth, or June meeting, will be held at the discretion of the incoming officers and members will be notified in advance.—A. Kyle Bush, M. D., Secretary.

* * * *

CABELL

Dr. William J. Darby of Memphis, Tennessee, was the guest speaker at the regular monthly meeting of the Cabell County Medical Society which was held at the Hotel Frederick in Huntington on November 8.

Doctor Darby, who is a member of the faculty at the Vanderbilt University School of Medicine, presented an interesting paper on "Nutritional Anemias." Members of the West Virginia Nutrition Council attended this portion of the program.

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Dr. C. H. Boso, the vice president, presided at the meeting which was attended by 34 members.—W. L. Neal, M. D., Secretary.

* * * *

HARRISON

Dr. Garfield G. Duncan of Philadelphia presented a paper on "Current Therapy of Diabetes and Obesity" at the regular monthly meeting of the Harrison County Medical Society which was held at the Stonewall Jackson Hotel in Clarksburg on November 15.

A native of Canada and now Professor of Medicine at the University of Pennsylvania School of Medicine, Doctor Duncan is the author of many books, including "Diabetes Mellitus" and "Diseases of the Metabolism."

* * * *

KANAWHA

Dr. Kenneth G. MacDonald of Charleston was elected president of the Kanawha Medical Society at its regular monthly meeting which was held at the Daniel Boone Hotel in Charleston on December 11. He succeeds Dr. Robert C. Bock of Charleston.

Other officers elected to serve during 1963 were as follows:

Dr. George L. Grubb of Charleston, vice president; Dr. William E. Lawton, Charleston, secretary-treasurer, and Drs. Marshall J. Carper, Charleston, George W. Hogshead, Nitro, and Ralph J. Holloway, South Charleston, members of the council.

Drs. Mary V. Gallagher, T. P. Mantz and Clarence E. Stennett, all of Charleston, and Arthur K. Lampton, East Bank, were elected members of the Blue Shield Board.

* * * *

McDOWELL

The McDowell County Medical Society formally endorsed the West Virginia Medical Self-Help program at its regular meeting at the Stevens Clinic Hospital in Welch on October 10.

Mr. James W. Hampton of Charleston, area coordinator for the State Department of Civil and Defense Mobilization, outlined the program for the 21 members and guests who attended the meeting.

Dr. George L. Fischer of Welch, the president, presided at the business meeting.—J. Hunter Smith, M. D., Secretary.

* * * *

MERCER

Dr. L. J. Pace of Princeton, President of the West Virginia State Medical Association, was the speaker at the regular monthly meeting of the Mercer County Medical Society, which was held at the West Virginian Hotel in Bluefield on November 19.

Doctor Pace reported on the fall meeting of the Council of the State Medical Association which was held in Charleston on November 4. He said the Council gave its approval to the formation of an AMPAC organization and also discussed the MAA program.

Dr. Joe E. McCary of Princeton, the president, presided over the business meeting at which time the Society voted to take as a project the construction of a $2,500 nurses station and infirmary at Camp Joy.—John J. Mahood, M. D., Secretary.

* * * *

PRESTON

Zane Gray Staker of Williamson, second vice president of the West Virginia State Bar, was guest speaker at a joint dinner meeting of the Preston County Medical Society and Preston County Bar Association at the Preston Country Club near Kingwood on November 29.

Mr. Staker discussed "The Breakdown in Communications Between Attorneys and Medical Doctors." He furnished examples of the failure of communication between the two professions and urged each physician and attorney to better understand problems of the other.

* * * *

RALEIGH

Dr. Preston C. Davis of Beckley has been elected president of the Raleigh County Medical Society. He succeeds Dr. John A. Hedrick, also of Beckley.

Drs. B. B. Richmond and Warren D. Elliott, both of Beckley, were installed as vice president and secretary-treasurer, respectively. They succeed Doctor Davis and Dr. A. Allen Bliss of Beckley.

A man lives by believing something, not by debating and arguing about many things.—Thomas Carlyle.

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First Vice President: Mrs. L. Dale Simmons, Clarksburg
Second Vice President: Mrs. A. J. Villani, Welch
Third Vice President: Mrs. Andrew J. Weaver, Clarksburg
Fourth Vice President: Mrs. W. V. Wilkerson, Whitesville
Treasurer: Mrs. Grover C. Hedrick, Jr., Beckley
Recording Secretary: Mrs. J. A. B. Holt, Charleston
Corresponding Secretary: Mrs. C. J. Holley, Wheeling
Parliamentarian: Mrs. J. E. Spargo, Jr., Wheeling

CABELL

A holiday food demonstration was presented at the regular monthly meeting of the Woman's Auxiliary to the Cabell County Medical Society which was held at the Appalachian Power Company auditorium in Huntington on November 13.

Miss Jean Cowden of Dayton, Ohio, a regional commercial home economist, was in charge of the program and Mrs. Mary Lou Sanford of Huntington, a representative for the utility, served as hostess.

Mrs. M. Lawrence White, Jr., of Huntington, was in charge of arrangements for the meeting.

LOGAN

The regular monthly meeting of the Woman's Auxiliary to the Logan County Medical Society was held in the Colonial Room of the Rainbow Grill in Logan on November 20.

Mrs. Herman W. Rannels of Man, the president, presided at the business meeting and plans were made for the distribution of Christmas baskets to needy families. Mrs. Robert K. Scott of Logan and Mrs. Eugene Alan Cooper of Holden were hostesses.

* * * *

OHIO

A "White Elephant" sale was held at the regular monthly meeting of the Woman's Auxiliary to the Ohio County Medical Society which was held at Oglebay Park in Wheeling on November 27.

Mrs. Earl S. Phillips and Mrs. Howard G. Weiler, both of Wheeling, served as auctioneers. Proceeds from the sale will go to the Auxiliary's Health Careers Pin Fund.

Mrs. Harry S. Weeks, Jr., of Wheeling, the president, presided at the business meeting.

The Woman's Auxiliary to the Ohio County Medical Society sponsored a Holiday Bridge Luncheon at the Elks Clubhouse in Wheeling on December 11. Proceeds from the luncheon meeting were donated to the Crippled Children's Fund.

Hostesses for the luncheon were Mrs. Andrew J. Niehaus, Chairman, and Mesdames C. J. Holley, James E. Spargo, George E. Strobel, William E. McNamara,

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* * * *

PARKERSBURG ACADEMY

The Woman's Auxiliary to the Parkersburg Academy of Medicine held its regular monthly meeting at the home of Dr. and Mrs. Rex Dauphin in Parkersburg on November 13.

Assisting Mrs. Dauphin were Mesdames Robert K. Fankhauser, Robert C. Lincicome, R. C. Cowan, Jr., and Charles W. Thacker, all of Parkersburg. Mrs. Lawrence R. Leeson of Parkersburg, the president, presided at the business meeting.—Mrs. Richard J. Lilly, Correspondent.

* * * *

RALEIGH

Mrs. A. J. Villani of Welch, second vice president of the Woman's Auxiliary to the West Virginia State Medical Association, was guest of honor at a meeting of the Woman's Auxiliary to the Raleigh County Medical Society at the home of Dr. and Mrs. Charles W. Merritt in Beckley on November 19.

In a brief address, Mrs. Villani emphasized the interest of the Woman's Auxiliary in the American Medical Association Education and Research Foundation.

Mrs. Richard G. Starr of Beckley, the president, presided at the business meeting and announced that the Spring Board Meeting of the Auxiliary would be held in Beckley.—Mrs. T. L. Martin, Chairman, Press and Publicity.

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Book Reviews

SYNOPSIS OF ROENTGEN SIGNS—By Isadore Meschan, M.A., M. D., Professor and Director of the Department of Radiology, Bowman Gray School of Medicine, Wake Forest College, Winston-Salem, N. C.; and R. M. F. Farrer-Meschan, M.B., B.S. (Melbourne, Australia), M. D., Research Associate, Department of Radiology, Winston-Salem School of Medicine, Wake Forest College, Winston-Salem, N. C. Pp. 436, with numerous illustrations. W. B. Saunders Company: Philadelphia and London. 1962. Price $11.00.

This is an unusual book—and it is an unusually good one for the purpose for which it has been written.

It is an outline, profusely illustrated, of an earlier and larger work by the same authors: "Roentgen Signs in Clinical Diagnosis." The parent work has found a wide and valuable place in the teaching of roentgen diagnosis to many different groups and as a quick and ready one volume reference.

More than 60 per cent of the space is occupied by illustrations—most of them excellent line drawings but a considerable number of good reproductions of roentgenograms as well.

The format employs a teaching medium designated as the "midget exhibit" as originally developed by Dr. Marshall Brucer, formerly Director of the Medical Division of the Oak Ridge Institute of Nuclear Studies, for the teaching of nuclear medicine. Each page is limited to a single obvious subject which means that sometimes there are blank spaces for a part of each page—but the object of this is to present a unified, clearly put message.

The first two chapters deal with the fundamentals of radiation physics and protection. It is, of course, necessary for everyone who is concerned with x-ray diagnosis to know something of the basic factors involved in the production of x-rays and the technique employed in producing satisfactory films. Appropriate attention also is given to positioning, so that a part of the work is very helpful in teaching students in radiologic technology.

In the preface it is noted that the primary object is to provide a work suitable for medical students, residents in radiology and other specialties, and for general practitioners and other clinicians who must of necessity be more or less concerned with x-ray diagnosis as a part of their daily work.

Each chapter closes with a comprehensive list of questions suitable for review and which, if they can be answered by the student, would indicate an excellent grasp of the subject. It is emphasized that the "Synopsis of Roentgen Signs" is not intended as a substitute for a larger and more comprehensive treatment of the subject, and, of course, the parent work "Roentgen Signs in Clinical Diagnosis" is ideally suited to be used with the present smaller volume.—Karl J. Myers, M. D.

SYNOPSIS OF NEUROLOGY—By Francis M. Forster, B.S., M.D., Professor and Chairman, Department of Neurology, University of Wisconsin School of Medicine, Madison, Wisconsin. Pp. 223. The C. V. Mosby Company, St. Louis, Missouri. 1962. Price $6.75.

This small handbook is exactly what its author states in the preface, namely a book written to present to the medical student the methodologies used in making an evaluation of the neurological patient and to acquaint him with the most significant features of the disease entities in the field of clinical neurology.

The book is divided into parts one and two, part one having three chapters as follows: the neurologic history, the neurologic examination, and clinical diagnostic tests. The clinical neurological entities in part two are as follows: vascular diseases, headache, epilepsy, diseases of the basal ganglia—the dyskinesias, multiple sclerosis and other demyelinizing diseases, tumors of the central nervous system, infections of the nervous system, trauma to the nervous system, diseases affecting the cranial and peripheral nerves, metabolic and toxic disorders of the nervous system, diseases of the muscles, degenerative and heredodegenerative diseases of the central nervous system, congenital anomalies and defects of the nervous system.

Each of these headings is considered under a separate chapter very briefly but concisely and at the end of the chapter one finds a few references to standard textbooks covering the subject matter. The author's comments about diseases which occur rarely have been set in reduced type throughout the book.

The text runs continuously from pages 15 to 202 inclusive, and furnishes an excellent, although sketchy, means of reviewing and refreshing ones mind about neurology or introducing the student to this subject. Twenty pages of index seem adequate. There are no illustrations but the division of subject matter is good, the type is clear and easily readable, and the book should properly serve the purpose for which it is avowedly written.—E. L. Gage, M. D.

GYNECOLOGY AND OBSTETRICS—By John William Huffman, M. D., Professor of Obstetrics and Gynecology, Northwestern University Medical School. Pp. 1190, with numerous illustrations. Philadelphia and London: W. B. Saunders Company. 1962. Price $28.00.

This is a new type of textbook for the subject of obstetrics and gynecology. This book is a serious attempt to combine the knowledge of present day concepts in gynecology and obstetrics and arrange the subjects in accordance with growth and regression of the reproductive system. It permits the reader to integrate the human reproductive system from its conception to senescence.

It starts out with gametogenesis and applied embryology, devotes three chapters to the development of the genitalia and its abnormalities, goes on to discuss the gynecological aspects of childhood and the problems of adolescence. It then takes up the anatomy of the adult genitalia, including its histology and physiology, and proceeds with various aspects of gynecological abnormalities including reproductive failure

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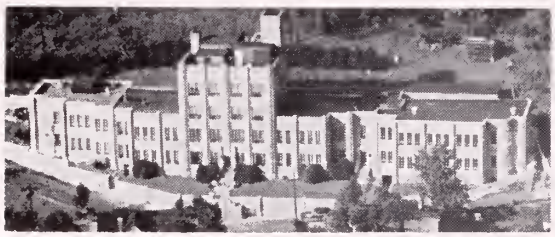

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and a discussion of the problem of pregnancy in all its aspects. It also discusses the gynecological problems of old age including the tumors that occur during this period of time, and finally ends up with a chapter on geriatric gynecology.

This book is well written and is a serious attempt to combine the subjects of obstetrics and gynecology into one rational subject which it should be.

I recommend the book for students of obstetrics and gynecology and there are sufficient references so that the reader can further his knowledge along any specific subject if necessary or desirable. This is an extremely worthwhile book and should be the part of an obstetrical library for the student.—Nicholas W. Fugo, M. D.

Books Received

GYNECOLOGY—By Langdon Parsons, M. D., Professor of Obstetrics and Gynecology, Boston University School of Medicine; Chief of Gynecology, Massachusetts Memorial Hospital; and Sheldon C. Sommers, M. D., Pathologist, Scripps Memorial Hospital. Pp. 1250, with illustrations. Philadelphia and London: W. B. Saunders Company. 1962. Price $20.00.

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OFFICE PROCEDURES—By Paul Williamson, M. D. Pp. 448, with numerous illustrations by Ann Williamson. Philadelphia and London: W. B. Saunders Company. 1962. Second Edition. Price $13.50.

* * * *

FUNDAMENTAL SKILLS IN SURGERY—By Thomas F. Nealon, Jr., M. D., Associate Professor of Surgery, Jefferson Medical College, Philadelphia. Pp, 289, with numerous illustrations. Philadelphia and London: W. B. Saunders Company. 1962. Price $8.50.

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Thoracic Injury

Tong Hyun Chang, M. D., and Morris H. O'Dell, M. D.

The purpose of this paper is to review emergency chest injuries, to analyze 70 cases of chest injury, both penetrating and non-penetrating in type, and to report representative cases. (It might be stated as a matter of record that besides the 70 cases, there were, during the same 5-year period, 310 cases of minor chest injury, such as simple fracture of rib, in which the patient was hospitalized for observation and supportive treatment only. Since these cases do not come within the scope of this paper, they will not be referred to again).

In automobile and industrial accidents, injury of the chest is one of the major causes of death. Chandler states that chest injuries comprise 25 per cent of all death cases.

Simple, nonpenetrating injury of the chest, which is simple rib fracture without penetration of the pleura, can be treated by application of an elastic bandage, sedation and intercostal nerve block, encouragement to cough and to do deep breathing, and the use, locally, of heat or ice at home.

Multiple fracture or comminuted fracture of rib, however, oftentimes carries complications such as pneumothorax, hemothorax, interstitial emphysema, contusion or laceration of lung, flail chest and secondary pneumonitis and atelectasis.

Closed pneumothorax may be either unilateral or bilateral. It may be total or partial, depending on the size and valvular activity of the leaking points and the presence or absence of adhesions. In general, closed pneumothorax tends to be self-limited because of the sealing effect on the leak as a result of pulmonary collapse. The free air will be absorbed in most cases in approximately ten to fourteen days. The patient who has a small and uncomplicated closed pneumothorax, approximating only 10 to 15 per cent pulmonary collapse, usually does not have much discomfort and seldom requires surgical treatment. If pneumothorax is over 20 per cent or if it shows progression, closed thoracotomy with underwater drainage should be done.

A severe crushing injury of the anterior chest, such as "steering wheel injury," may cause fracture and dislocation of costal cartilages and sternum. When this happens, the anterior chest wall becomes unstable or "floating." Injury of intrathoracic organs is common. Paradoxical movement of the floating segment of anterior chest wall and ineffective cough followed by "wet lung," atelectasis, pneumonitis and mediastinal compression, are serious complications. Stabilization of the floating chest wall by pressure sand-bagging, elastic bandage, or one of the various forms of skeletal traction, is the treatment of choice.

If one side of the thorax is driven in by a severe crushing injury, several ribs usually are fractured, more often than not in two places, such as the axillary line and angles plus the sternum and other bony parts. In such a circumstance, complications such as tension pneumothorax, me-

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The Authors

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- **Morris H. O'Dell, M. D., Chief of Thoracic Surgery, Charleston General Hospital, Charleston, W. Va.**

Figure 1 (Case 1).

diastinal emphysema, injury of major vessels, lung abscess and mediastinitis can occur. Supportive treatment consisting of oxygen, and blood or plasma for shock, removal of bronchial secretions and tracheostomy, is indicated.

A penetrating injury of the chest can result from a stab or from a gunshot, also from a comminuted fracture of a rib. Complications associated with penetrating chest injuries from these sources are pneumothorax, hemothorax, tension pneumothorax with or without hemothorax, mediastinal emphysema, cardiac injury with or without hemopericardium and laceration or rupture of the diaphragm with or without herniation of the abdominal organ. Hemorrhagic shock is one of the major causes of death in these cases.

Tension Pneumothorax

Tension pneumothorax is a true surgical emergency demanding immediate treatment. In decompression to prevent death, speed is essential. It is a simple matter to insert a needle through an intercostal space and then connect with rubber tubing and underwater drainage bottle. When this has been accomplished, an intercostal catheter can then be inserted. If there is a large air leak, continuous suction of 10 to 20 cc. of water may be instituted, or thoracotomy and surgical closure of the lung may be necessary.

The greater number of cardiac wounds never reach the hospital because they are fatal within minutes. If the patient lives to reach the hospital and if, on arriving, receives the benefit of accurate diagnosis and early surgical correction, he usually will survive.

Cardiac Tamponade

The main feature of the cardiac injury is the pericardial tamponade by blood extravasated from the major vessels or the heart chambers. When this occurs, Beck's acute triad (distant heart sounds, low arterial pressure and elevated venous pressure with engorgement and dilation of the neck veins) may be present. The patient does not seem to be in shock, although his pressure will not elevate with fluids. As a temporary measure, aspiration of the pericardium can be done and can be repeated. Immediate blood cross-match is indicated before operation but in no case is blood given until the tamponade is released. The instant the pericardial sac is opened, blood is started. If the diagnosis is obvious, don't waste time on x-rays. Order them only if there is time while the operating room is being prepared.

With the diaphragm located as it is, between the thorax and the abdomen, diaphragmatic rupture often is an accompaniment of thoraco-abdominal injury. Also, if the wound of penetration is below the level of the fourth or fifth costovertebral junction, anteriorly, or below that of the eighth or ninth, posteriorly, damage to the abdominal viscera is possible.

Analysis of Seventy Cases

In the five-year period from 1955 to 1960, 70 patients either with penetrating or severe nonpenetrating chest injury were admitted to Charleston General Hospital. Of this number, there were 53 cases in which the chest wound was penetrating and 17 in which the injury was nonpenetrating in type. The average age for the group of 53 in which the injury was penetrating was 35 years, and for the group of 17, 40 years. The penetrating chest injury was more frequent in males than in females, a factor probably attributable to the number of gunshot and stab wounds in the overall series of 70 cases. In each of the 17 cases of nonpenetrating chest trauma, the wound was caused by a crushing injury; all 17 patients were of the Caucasian race. Of the 53 cases of penetrating injury, the patients in 12 cases were Negroes. In these 12 cases the wound for the most part was the result of a stab or of a gunshot.

Causal Analysis.—The Nonpenetrating Chest Injuries: Automobile accident, 13 cases; coal

mine accident, 2 cases; accidental fall, 2 cases. These figures indicate that most of the nonpenetrating chest injuries were caused by automobile accident.

In the nonpenetrating group, there was 1 case of costal cartilage separation, with rib fracture, and 1 case of sternal fracture with pneumothorax. Treatment in both cases was supportive, with relief of pain by medication and snug wrapping of chest with elastic bandages. There was 1 case of flail chest with paradoxical motion without intrathoracic injury.

In the nonpenetrating group there were 14 with pneumothorax. On breakdown, one patient had complete pneumothorax; 8 had more than 20 per cent pneumothorax; 5 had less than 20 per cent pneumothorax (in one of these the pneumothorax developed on the day of admission). Multiple rib fracture was the major cause in most of the extensive pneumothorax cases. One instance of tension pneumothorax occurred in this group.

The Penetrating Chest Injuries: Gunshot, 20 cases; stab, 18 cases; automobile accident, 3 cases; accidental fall, 1 case; other, 11 cases. From statistics here it is fairly obvious that in approximately 73 per cent of cases of the penetrating type of chest trauma, the injury was not accidental.

In the group of 53 penetrating chest wound cases, there was no case of complete pneumothorax but there were 29 cases with pneumothorax of more than 20 per cent and 17 with pneumothorax of less than 20 per cent. In 7 of the 53 cases, pneumothorax did not develop. In 5 of the 7 cases, the penetrating chest injury was caused by stabbing and in the remaining 2 cases, by a gunshot.

Three had hemopneumothorax in the nonpenetrating group, each combined with a large amount of air. There were 16 hemothorax patients (with or without pneumothorax) in the penetrating wound group, caused either by gunshot or by stabbing; in this same group there were 2 with tension pneumothorax.

There were three cardiac injury cases in the penetrating group and one in the nonpenetrating group. In two cases the injury was due to stabbing, one a stab wound of the left ventricle with cardiac tamponade, the other a stab wound of the right ventricle. In the third case there was penetration of the pericardium and simple myocardial laceration. A patient had tearing of the right auricle near the inferior vena cava, which occurred while lifting a heavy object.

There were 9 cases of diaphragmatic rupture, 7 of which were penetrating in type and 2 non-

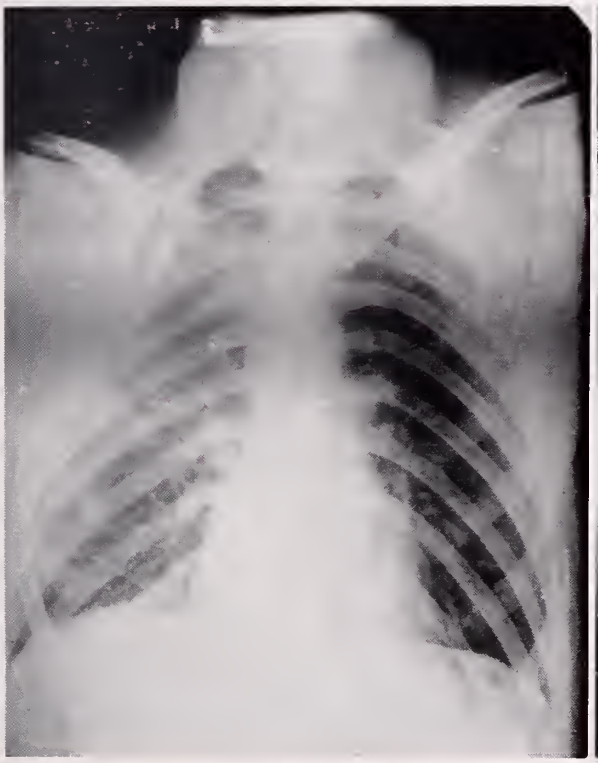

Figure 2 (Case 1).

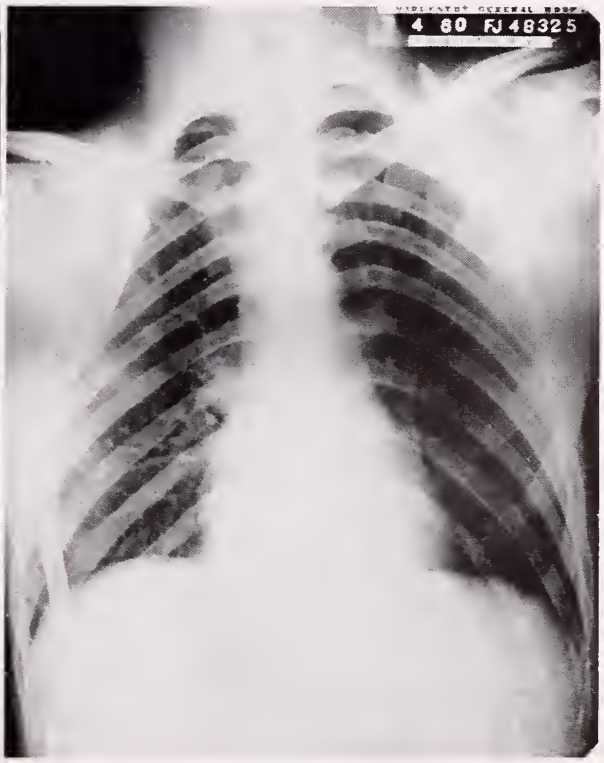

Figure 3 (Case 1).

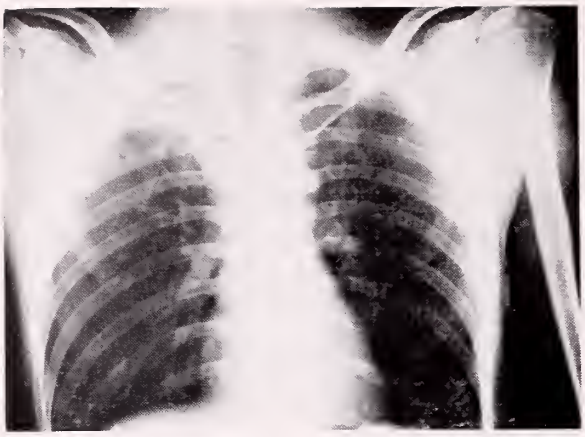

Figure 4 (Case 2).

penetrating. Of the 7 cases with penetration, 2 were combined with herniation of the bowel, as were both cases of the nonpenetrating type. In 5 of the total of 9 cases, the rupture site was in the left diaphragm. In two nonpenetrating cases, there had been a severe crushing injury with force great enough to fracture the ribs and rupture the diaphragm, killing one patient before any treatment could be given.

Other conditions observed were spleen injury, 3 cases; liver injury, 4 cases; stomach injury, 3 cases; kidney injury, 2 cases; bowel injury, 2 cases. Most of these were caused by gunshot.

In the case of flail chest with paradoxical respiration, external fixation was performed, using towel clips around the flail ribs and overhead traction. The patient with left hemopneumothorax and paradoxical respiration was treated first by sand-bagging fixation and later by external fixation with towel clips to the third left rib. He improved and was discharged on the fifteenth hospital day. In the cases of minor pneumothorax, treatment was supportive and most of the patients with less than 10 per cent pneumothorax were discharged in two to three days. All patients with hemothorax and large pneumothorax were treated either with single or multiple thoracentesis or closed thoracotomy with underwater drainage, with or without negative pressure, depending on whether or not lung leaks were present. Hemopneumothorax patients were treated with anterior and posterior chest tubes, for which rectal tubes were used in order to visualize their location in the x-ray picture.

Mortality.—In the entire series of 70 cases there were 7 deaths, a mortality rate of 10 per cent. Five of the 7 deaths occurred in the nonpenetrating group and 2 in the penetrating injury group. The 5 deaths referred to were for the most part due to a severe crushing injury compounded of various severe intra-abdominal and body injuries. In the 2 remaining cases, the patients expired in the emergency room, death being due to cardiac injury and multiple thoraco-abdominal gunshot wounds.

Case Reports

Case 1.—A 25-year-old white man entered the Charleston General Hospital on July 1, 1960. He complained of a sudden onset of severe shortness of breath, with moderate pain and discomfort in the right chest. He gave a history of diving and landing flat, with sudden shortness of breath developing. X-ray of the chest showed a complete pneumothorax on the right (Figure 1). The film is reversed.

Closed thoracotomy was done immediately. A No. 26 drainage catheter was connected to an underwater drainage bottle. The lung expanded properly within the next twenty-four hours. The patient was discharged on July 6, 1960 (Figures 2 and 3).

Case 2.—A 30-year-old white male was admitted to Charleston General Hospital on December 27, 1958, following an automobile accident. X-ray of the chest showed fracture of the ribs extending from the first through the fifth, on the right (Figure 4). There was also a right pneumothorax with approximately 15 to 20 per cent collapse. There was considerable displacement and comminution of the rib fractures.

The patient was treated supportively the first twenty-four hours in the orthopedic department. Since a gradual tension pneumothorax occurred, closed thoracotomy with insertion of underwater drainage tube without negative suction was performed. Three days later a chest x-ray showed slightly increased pneumothorax in the lower chest with an area of atelectatic lung even with the chest tube (Figure 5). The tube was adjusted and two days later the lung was expanded without any evidence of pneumothorax (Figure 6). The patient was discharged on January 7, 1959.

Case 3.—A 43-year-old white male was admitted to the hospital with a severe crushing injury of the left chest. While working near the street he was caught between the coupling of two cars as he was pulling a chain around the defective coupling. He felt a "bursting" pain in his head and blacked out temporarily.

His left chest was badly crushed and showed paradoxical movement.

Since there was evidence of tension pneumothorax, an intercostal tube was inserted in the

left chest under local anesthesia. A towel clip was then placed about the third rib at the mid-clavicular line, which showed the area of greatest paradox. X-rays showed multiple rib fractures on the left, with displacement. There was a hemopneumothorax. The intercostal tube was removed on the fifth postoperative day. Traction was removed from the chest on the tenth day.

Case 4.—A 40-year-old white male was admitted to the hospital on May 23, 1958, with a history of having been stabbed in the left chest. He was in moderate shock. The chest x-ray showed considerable fluid on the left. There also was a radiopaque shadow overlying the left lower chest (Figure 7). An intercostal tube was placed on the left. There was a question of tamponade and blood loss and, since blood pressure would not elevate satisfactorily on supportive treatment, an emergency operation was carried out.

The anterolateral incision was through the fourth interspace on the left. There was a rather extensive hemothorax. As soon as the chest was opened, the cut internal mammary artery was clamped on both ends and ligated. There was between 1,000 and 1,500 cc. of blood in the chest. The pleural surfaces were separated with some difficulty but with minimal air leaks. The hole in the lung was closed.

The pericardium already had been checked rapidly and no tamponade noted. There was, however, a small (1.5 cm.) hole in the pericardium, just missing the left coronary artery and extending into the myocardium of the left ventricle but not penetrating the muscle wall. The patient was discharged on June 2, 1958, in satisfactory condition after an uneventful postoperative course.

Case 5.—A 46-year-old white male was admitted to the hospital on August 6, 1959, with a stab wound of the left upper chest. Shortly before admission he had been stabbed in the left upper chest, in the midline, by some type of long, sharp knife.

On admission, the patient was in moderate shock. Blood pressure did not respond to supportive therapy and it was felt that a cardiac tamponade was present. A stab wound was found to penetrate the right ventricle but did not involve any coronary vessel. It was necessary to transect the sternum to reach the stab opening in the right ventricle. Cardiac arrest occurred for approximately one to two minutes while the 2-cm. hole in the heart was being sutured. Blood was now given intravenously at a rapid rate

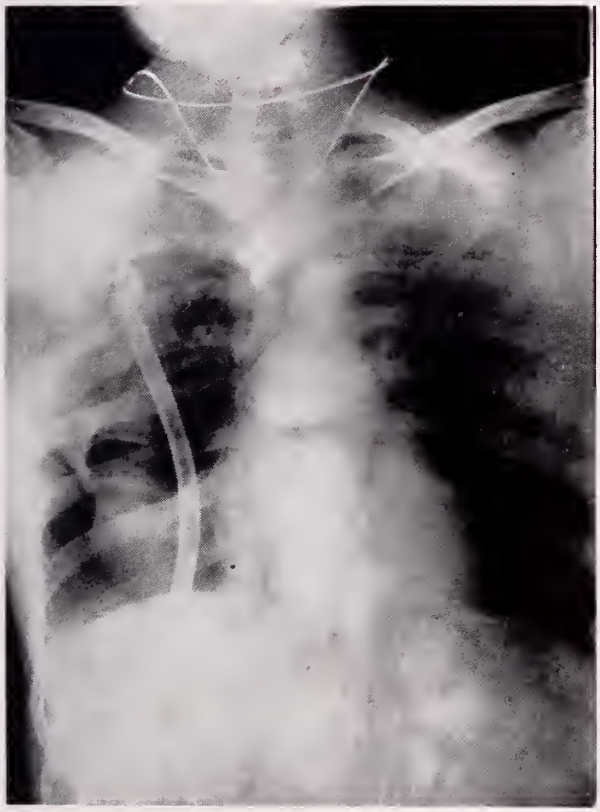

Figure 5 (Case 2).

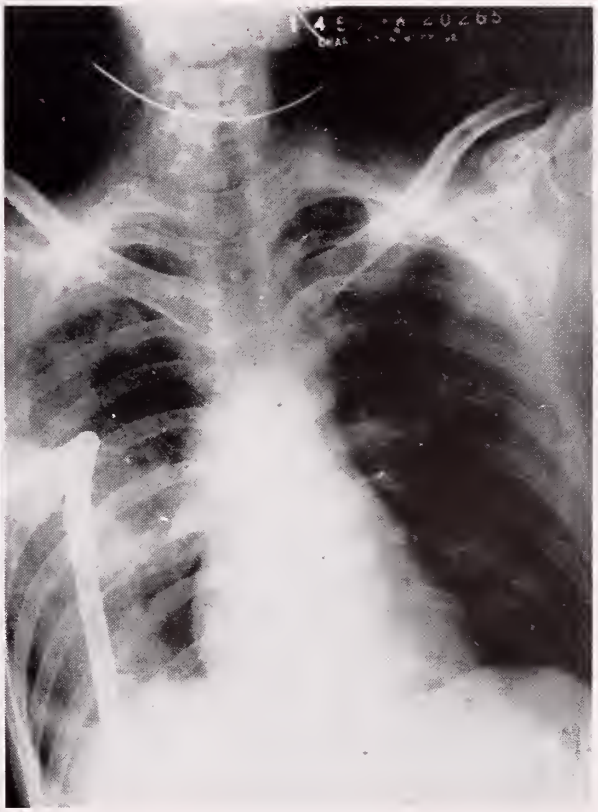

Figure 6 (Case 2).

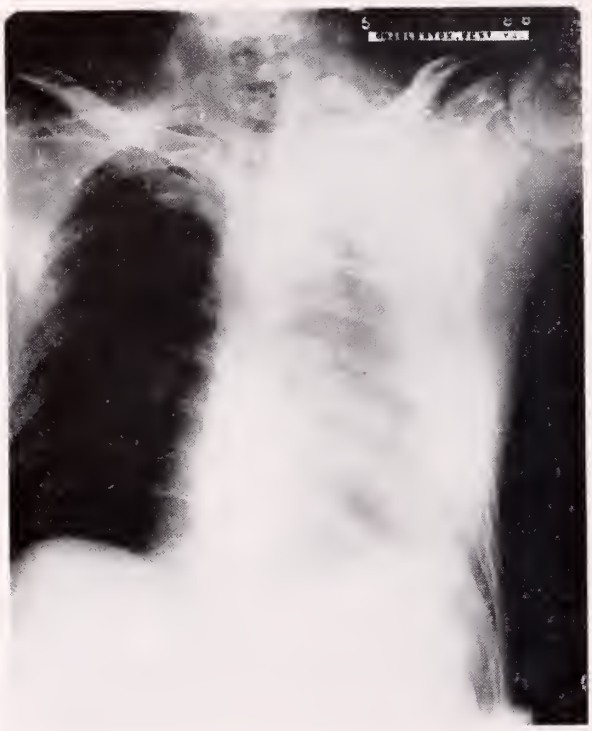

Figure 7 (Case 4).

along with levarterenol bitartrate. The heart promptly responded to treatment and started of its own accord, with gentle massage.

The patient was ambulatory on the second postoperative day. The stab wound had involved the edge of the lung, with the original pre-operative x-ray showing a pneumothorax on the left. An EKG on August 7, 1959 (Figure 8) showed myocardial anoxia; another on August 15, 1959 (Figure 9) showed a sinus tachycardia; otherwise, the tracing was essentially normal. The patient was digitalized immediately after the operation, and was discharged on August 15, 1959. He went back to work one month from the date of the injury.

Case 6.—A 65-year-old colored male was admitted to the hospital on October 31, 1955 with a stab wound of the chest, in the fourth intercostal space on the left, 7 fingerbreadths to the left of the midsternal line.

Physical examination on admission revealed that the patient was in shock, with blood pressure around 50 systolic. Blood with levarterenol bitartrate was started but the pressure would not rise. The patient was operated on immediately.

At the time the pentothal was given he appeared to go back into shock and became clammy. There was no pneumothorax. There was an estimated 1,000 cc. of blood in the pericardium. The heart was soft, but squeezed small. Massage was started immediately, and adrenalin injected into the heart muscle. The heart picked up its beat promptly and, as it became stronger, blood spurted through a hole near the apex, with a cut across the lower end of the anterior descending branch of the left coronary artery. This was sutured. Cardiac arrest was estimated at 2½ to 4 minutes.

For the first 3 days postoperatively the patient was quite rational and appeared to be improving. On the fourth day blindness suddenly developed and was intermittent for the next seven days. From this time on, he gradually became more irrational and slowly deteriorated. The electrolytes were held at normal level. Chest x-ray of the lungs and the heart was normal. An EKG (Figure 10) showed evidence of pericarditis,

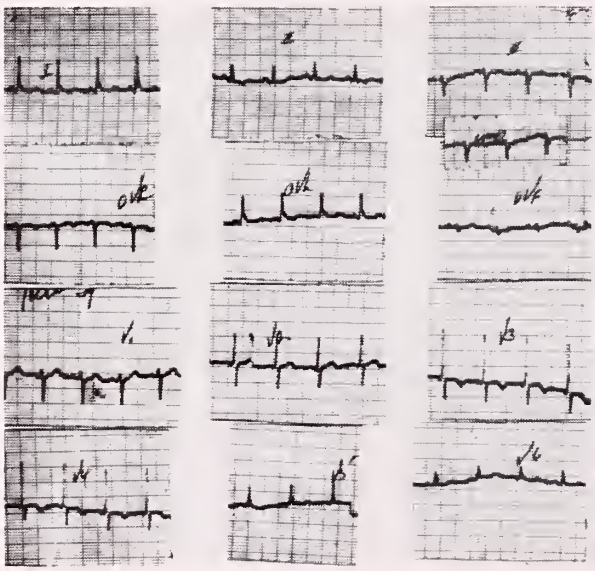

Figure 8 (Case 5).

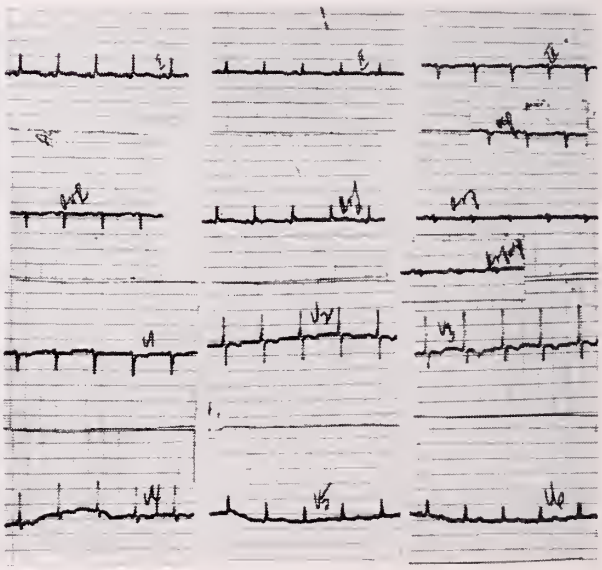

Figure 9 (Case 5).

but no evidence of coronary occlusion (Figure 11). The patient expired on November 22, 1955.

At autopsy it was observed that the heart had healed nicely. There was no unusual postsurgical change around the heart nor the pericardium, nor in the left pleural space or lung. The lung was well expanded. The main pathologic feature was marked cerebral necrosis secondary to anoxia.

Case 7.—A 24-year-old white male was last admitted to the hospital on April 11, 1958, with a sharp pain in the chest and an associated shortness of breath.

In February, while lifting a heavy truck chain, the symptoms had developed. He was under the care of his local physician for one week. The diagnosis of cardiac tamponade was made, and blood was removed from the pericardium with

	Nonpenetrating Thoracic Injury	Penetrating Thoracic Injury
Number	17 — excluding 310 simple rib fractures	53
Average age	40 — (3 cases above age 60; 1 below 15)	35 — (2 cases above 60; 3 below 15)
Sex	Male 10; female 7	Male 44; female 9
Average duration	9 days	9 days
Mortality	4	3
Causes:		
Car accident	13	2
Coal mine accident	2	0
Gunshot	0	20
Stab	0	18
Fall	2	1
Race	White 17; Colored 0	White 41; Colored 12
Type of Injury: Rib fracture (excluding 310 simple fracture cases).	Total — 16	Total — 11
	Bilateral mult. 2	Multiple — 2
	Unilateral mult. 12	Comminuted — 1
	Unilateral few 2	(due to crushing injury)
	Comminuted 2	
Flail chest	1	0
Costal cartilage & sternum	1	0
Pneumothorax	Total — 14	Total — 48
	Unilat. complete — 1	Complete — 0
	Above 25% — 8	Above 25% — 29
	Below 25% — 5	Below 25% — 17
	Tension pneumo. — 1	Tension pneumo. — 2
	None — 3	None — 5
Hemoth. c or s Pneumothorax	3	16
Mediastinal empy.	0	1
Subcut. emphysema	0	1
Cardiac injury	1	3
Tracheal cut	0	1
Diaphragm rupture	2	7
Intra-abdominal injury	0 — Spleen	3 — Spleen
	1 — Liver	4 — Liver
	0 — Stomach	3 — Stomach
	0 — Kidney	2 — Kidney
	0 — Bowel	2 — Bowel
Head injury	3	0
Lg. vessel injury	0	1 — Rt. axillary art.
Other fractures:	6 — Long bones 2 — Vertebral 2 — Clavicle & Scapl.	0 — Long bones 0 — Vertebral 0 — Clavicle & Scapl.
Treatment:	41 Total thoracotomy; 24 closed thoracotomy; 17 open thoracotomy: (3 Cardiac op., 7 Diaphragmatic repair, 1 Laceration of lung)	
Stabilization	4	
Supportive & other treatment	29 (the 310 simple rib fracture cases were hospitalized for a short period for supportive treatment).	

some relief but tamponade recurred and became steadily worse.

The patient was referred to Charleston General Hospital on March 5, 1958, and left thoracotomy was performed. The pericardium was bulging with fluid (Figure 12). Old, dark blood (1,000 to 1,500 cc.) was removed. No site of rupture was found in the heart. The pericardium was partially sutured, the patient did well for approximately two weeks, and was discharged. Shortness of breath and hepatomegaly gradually developed, however, and he returned to the hospital on April 11, 1958, for further treatment.

Admission hematocrit was 30 volumes per cent, with 8.7 Gm. of hemoglobin and 24,700 white cells with 88 per cent neutrophils. The patient was clinically jaundiced.

On April 22, 1958, a transverse thoracotomy, entering both pleural spaces, was performed. The heart was exceedingly large and a huge clot apparently was in the right auricle. The patient's condition was only fair, with a vasopressor agent needed intermittently. The right auricle was opened and considerable clot was removed. The superior vena cava which was partially blocked was freed of clot. The inferior vena cava was completely blocked and it was impossible to remove the clot. It apparently extended downward in the vena cava to a point somewhere below the diaphragm.

The patient expired a few hours after operation.

Postmortem examination revealed advanced sarcoma of the liver with spread to the right atrium.

At the time of the injury, there apparently occurred a small rupture into the pericardium through the right atrium which subsequently closed when the tamponade pressure increased.

Summary

The high mortality and morbidity rates that accompany thoracic injury heavily emphasize the necessity of thorough knowledge regarding the proper management of these cases.

Figure 12 (Case 7).

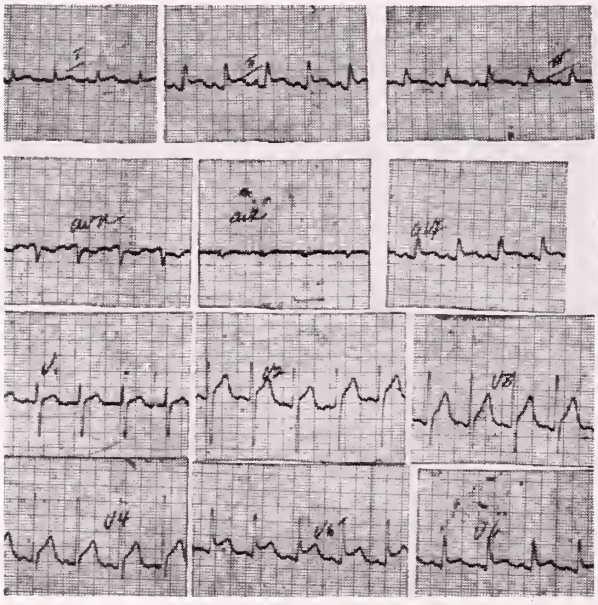

Figure 10 (Case 6).

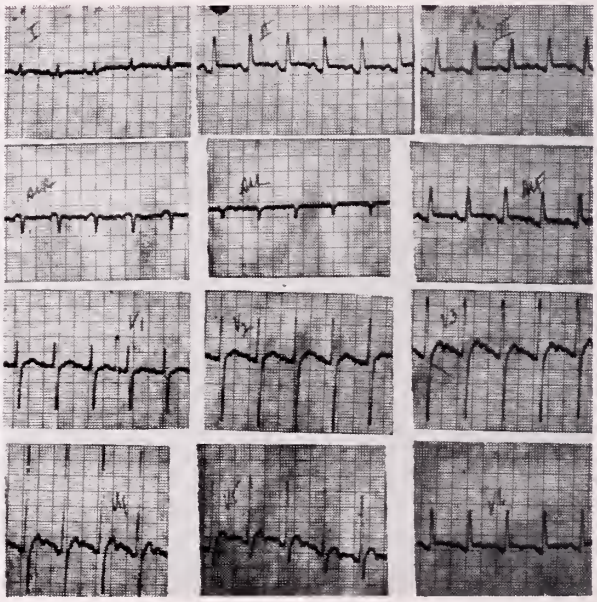

Figure 11 (Case 6).

Speed is the most vital element in decompressing a tension pneumothorax to prevent death.

In the case of the penetrating thoracic injury it always is wise to suspect cardiac tamponade.

During the 5-year period from 1955 to 1960, 70 cases of penetrating and nonpenetrating injury of the chest were treated at Charleston General Hospital. Death occurred in 7 cases, a mortality rate of 10 per cent. In approximately two-thirds of these death was due to a severe crushing injury compounded by injuries of the head and the long bones, and intra-abdominal injuries.

In pneumothorax, hemopneumothorax and tension pneumothorax cases treatment consisted either of open or closed thoracotomy, with no complications.

In the flail chest and paradoxical respiration cases the stabilization technique was employed with successful results.

In the 2 cases of cardiac injury prompt surgical intervention was the lifesaving factor.

References

1. Beattle, E. J., Jr. & Kovarik, J.: The Avoidance of Complications in the Treatment of Chest Injury, Surg. Clin. North America P. 123 (Feb.) 1958.
2. Gagnon, E. D. & Telmosse, F.: Acute Cardiac Emergencies, Surg. Clin. North America (Oct.) 1960.
3. Hallstrand, H. O.: Thoraco-Abdominal Injuries, J. Internat. Coll. Surgeons (June) 1960.
4. Hemenway, W. C.: The Management of Severe Obstruction of the Upper Air Passage, Surg. Clin. North America (Feb.) 1961.
5. Pratt, G. H.: In "Cardiovascular Surgery," Surgical Treatment of Wound of Heart, chapter 8.
6. Rydell, J. R.: Emergency Thoracotomy for Massive Spontaneous Hemopneumothorax, J. Thorac. Surg., Vol. 37, No. 3.
7. Simpson, J. S., Jr. & Kergin, F. G.: Acute Respiratory Emergencies in Infants and Children, Surg. Clin. North America, Vol. 40 (Oct.) 1960.
8. Sinh, K. P. & Fitch, E. A.: Cardiac Tamponade as a Complication of Left Heart Catheterization, J. Thorac. Surg. (June) 1959.
9. Sturg, L. H., Glass, B., Leon, W. & Salatich, M.: Severe Crushing Injury of Chest. Simple Method of Stabilization, J. Thorac. & Cardiovas. Surg. 39:166-174.
10. Virshup, M.: The Anterior Crushed Chest or "Steering Wheel Injury," J. Thorac. & Cardiovas. Surg., Vol. 39 (May) 1960.
11. Case Records from the Record Room, Charleston General Hospital, Charleston, West Virginia.

Politics and Medicine

In the past it has been a tradition that the American physician confine his efforts to the care of the sick, leaving politics to the politician. Recent events on the political front have made it quite clear that a continuation of this policy will lead to an undermining of the very foundations on which the profession has been able to render the highest quantity and quality medical care known to our country in recorded history. The physician is sworn, at all times, to render the best possible care to his patient, keeping only the best interests of his patient in mind in so doing, and to refrain from any action that is in conflict with this precept. With this thought in mind, how can the American physician be expected to stand idly by while a third party penetrates the personal relationship between the physician and his patient?

We have seen this occur in other countries not only to the extent that the patient has no choice of physician but the physician is limited in his choice of medications. We have observed the rapid decline in quality of medical care in these countries, the relocation of the great world centers of medical education from Europe to America, and the desperate flight of our foreign colleagues to escape this paralyzing atmosphere. In spite of all this, there are in this country politicians in office and aspiring to office who would have our patients believe that this is what they need in American medicine. Their approach is empirical—small doses are their technique—but we as physicians know that the cumulative effect of small doses can be fatal.

By maintaining silence on such a vital subject we would be negligent both as physicians and citizens. We must express our beliefs in places where they will be effective or we will go down with our patients into a sea of paternalism and bureaucracy. Call it politics if you will, but we're in it whether we like it or not. Let us not forget that sometimes the most effective therapy is the least palatable.—J. Spencer Dryden, M. D., in Medical Annals of the District of Columbia.

The Role of Army Medical Research In National Defense†

Lt. Gen. Leonard D. Heaton

It is indeed a great honor and a personal privilege as a native son of West Virginia to address this 95th Annual Meeting of the West Virginia State Medical Association. I consider it especially appropriate to emphasize the steadily increasing requirements for strong military medical services in this era of uneasy peace, to explore with you the medical aspects of some critical trends of our times, and to consider the role of Army medical research in shaping and molding our courses of action for the future.

The rapidly changing concepts and weapons of modern war, the incredible scientific and technological progress, the trend of world events, and the widely varying global responsibilities accepted by this nation are profoundly influencing the relations between military medicine and Army operations.

Rationale for Army Medical Service R & D Program

The current effort of the United States and Russia to acquire military technological knowledge is being supported with a concentration of resources never before approached in time of peace. It is imperative that this country continue to maintain its lead in scientific and technological achievement, if it is to meet the challenge of potential enemies.

To maintain strong national posture, this nation is pursuing a wide range of research and development programs with determination and enthusiasm. The magnitude of this effort is reflected in a recent report from the Committee on Government Operations of the United States Senate,* which states that federal funds for research and development now approximate 10 per cent of the entire annual budget of the United States Government, and that total national expenditures for research and development have reached almost $13 billion annually.

In-Service Laboratories and Contract Program

The Army Medical Service research effort is a modest one in relation to the overall national effort, but our program is being expanded and accelerated to insure that the power of medical knowledge can be counted upon as an increasingly strong keystone of the national defense. Our budget, approximately $33 million for fiscal year 1963, with a sizable increase requested for fiscal year 1964, is divided about equally for support of in-service and extramural efforts.

In-service studies are conducted in fifteen laboratories or units assigned to the Army Medical Research and Development Command.

Studies in the research laboratories are augmented by clinical investigations in our teaching hospitals and at other medical facilities in this country and abroad. A valuable supplement to this in-service effort is provided by an extramural program which includes 464 contracts or grants to approximately 200 universities and other appropriate research institutions. This program enables the Army Medical Service to obtain the support of many dedicated and eminent physicians and allied scientists throughout the country in our studies on problems of current military medical interest.

Primary Objective

Military medical research places major emphasis on studies to improve our capability for sustaining in combat the most essential and precious asset of a fighting force—the individual soldier.

The importance of the individual increases with the complexity of his weapons. Because no equipment is more effective than the man who must maintain, service and operate it, there are cogent requirements for medical research which contribute to combat effectiveness by improving means for preventing or treating the diseases and injuries of troops in battlefield environments.

Consider for example, many of the most effective weapons and casualty-producing environ-

The Author

- **Lt. Gen. Leonard D. Heaton, The Surgeon General, United States Army, Washington, D. C.**

†Presented before the 95th Annual Meeting of the West Virginia State Medical Association at The Greenbrier in White Sulphur Springs, August 23, 1962.

*Hearings before the Sub-Committee on Reorganization and International Organizations of the Committee on Government Operations, United States Senate, 87th Congress, Part II, Subject: Federal Budgeting for Research and Development.

mental factors of future conflicts: chemical and biological warfare agents; epidemics caused by exotic diseases of foreign lands, psychological warfare, ionizing radiation from nuclear weapons or fallout; sickness or decreased effectiveness due to sudden changes in altitude or temperature. What defenses can we develop against them? They do not blow up ships, bridges or tanks, nor shoot down aircraft—their devastating impact is achieved largely by causing death or decreasing the performance of *individual soldiers*. Against weapons or factors in these categories, competent medical service is the only, or one of the best, defenses.

An objective of studies now underway is to provide the maximum possible "built-in" protection for each individual soldier before he enters an area of tactical operations.

I refer to our work on: artificial acclimatization to hot, cold or high altitude environments; the use of drugs taken orally to protect against malaria and other diseases, and to increase resistance to ionizing radiation; the use of vaccines to protect troops against disease agents; a search for drugs which will kill or repel insects when excreted in the sweat, and other compounds which can be taken by mouth, concentrate in the skin, and prevent fungus infections. Such "built-in" medical protection is a particularly important asset to small, widely dispersed troop units, and for special forces teams operating in regions remote from the normal medical evacuation and hospital facilities with larger forces in the field.

Contributions of Military Medicine to World Peace

Medicine, like fine music or art, is truly a "universal language," understood and appreciated by people of all nations, and the military medical research programs have a superb opportunity to contribute to efforts for world peace. Our medical personnel in many of the new struggling nations have been remarkably successful in enhancing the prestige of the United States, because the benefits of good medical practice and preventive medicine measures are so readily apparent, and so personal, to the common people—"The man-in-the-street."

Medical assistance to any nation is easily understood by its citizens and offers a strong bridge to better understanding and a secure route to greater appreciation of our sincere intentions. It is a fitting mark of special dignity that the physician, more than anyone else today, appears to enjoy the confidence of men and women the world over.

Preventive Medicine Program

Strange as it may seem, our major problems are still infectious diseases. These have always been the scourge of armies both in garrison and in the field, and there is every reason to believe that they will continue to be major medical problems in future military operations.

The global character of politico-military problems requires that American troops be prepared to operate on short notice in any part of the world. In many remote regions, U. S. soldiers would be exposed to indigenous diseases with demonstrated capability to cause explosive outbreaks of sickness among troops. Many of these diseases do not occur in this country and no effective vaccines or specific drugs are available.

Diseases have occurred in epidemic form in recent years which were completely unknown previously—e. g., hemorrhagic fevers in the Philippines, Thailand and Singapore; another type of hemorrhagic fever in Argentina; Kyasanur Forest disease in India; and O'Nyong-Nyong fever and Chikungunya fever in Africa. Also, diseases once considered to be only of limited and local interest have been found to be widely distributed and far more common and important than originally suspected; for example, Russian spring-summer encephalitis is now known to occur throughout much of Europe, while closely related or identical viruses have been found in Malaya, Argentina, Canada, and even in the United States.

Army medical research is concentrating on multiple facets of these problems, developing global epidemiological and other health data, identifying and characterizing the causal agents, and developing new and improved methods of prophylaxis and treatment. The use of attenuated living strains of viruses and other agents, currently used to produce protection against poliomyelitis, may be applicable in other areas, and considerable progress has been made in developing viable vaccines for several diseases of military importance.

In addition to the studies conducted by established oversea Army laboratories, important contributions result from field trips by in-service or Army-sponsored university investigators who visit foreign lands to obtain information of value to the Army or to our allies. In recent years, such teams have provided fine examples of international cooperation by studies on problems of military medical importance in such countries as the Philippines, Thailand, India, Pakistan, the Republic of Congo, Uganda, Nigeria, Ghana, Kenya, Liberia, South Viet-Nam, and several

Latin American countries. These teams encounter many problems in tropical rain forests.

Various Problems Encountered

When the forest is cut in the hills of Southeast Asia, Kunai or Lallang, grass immediately enters and replaces the forest. Kunai grass is an excellent habitat for the vectors (chiggers) and reservoirs of scrub typhus. The terrain is very rugged in much of Southeast Asia. Mosquito fauna in the mountains is quite different from that in the lowlands, and there has been very little study on disease transmission in mountainous regions.

In the Dipterocarp Forest of Malaya more than 120 kinds of mosquitoes are known which are attracted to man. The dense canopy sometimes extends up to 200 feet.

Scientists encounter many surprises in their studies to control insects that may be involved in transmission of diseases in tropical regions. For example one Malayan jungle mosquito carries its eggs on its hind legs instead of laying them in or near water like any "normal" mosquito would do! Presumably, this mosquito faithfully transports the eggs until they are ready to hatch, then thrusts them against tiny holes in bamboo, so the larvae can emerge and crawl into the bamboo and develop in the water inside the plant. Several important diseases are carried by mosquitoes; e. g., malaria, filariasis, the various types of dengue fever, and Japanese encephalitis.

Land leeches are loathsome pests in many parts of Southeast Asia and are even found at elevations as high as 5,000 feet. Some kinds of leeches enter the nostrils, anus, and urethra, and are especially feared by the troops. Our medical research teams have proven that the standard army repellents—Deet and M1960—are extremely effective against leeches. Deet is applied to the skin and M1960 is used as a clothing impregnant.

Because of the rugged terrain, travel in Southeast Asia is frequently by means of rafts on the large rivers. When stretches of low water are reached, the men often have to get out and wade in the water to push or drag the rafts. This is an excellent way to be exposed to certain diseases (leptospirosis, for example).

Much of the Bangkok area is crossed by canals. The waters of these canals are used for all conceivable purposes—bathing, disposal of sewage, washing dishes, etc. Cholera generally occurs after the dry season has concentrated the contents of the water as it evaporates.

Operational troops are generally far more worried about poisonous snakes than about mosquitoes and mites which transmit disease. Actually, a review of records in our Medical Statistics Division discloses no report of a fatality due to snake bite in the U. S. Army during World War II, even though we operated in some of the most snake-ridden areas in the world.

Surgical Research Program

Studies on problems of combat surgery are being expanded and the number of university investigators is being increased. We are seeking improved surgical techniques to prevent and treat traumatic shock and wound infection, to accelerate wound healing, and to improve the management of burned patients.

Practical methods for prolonging the usable life of blood are also goals of the in-service and university investigations. Progress is being made in studies to develop new or improved methods for anesthesia.

Research in Neuropsychiatry and Psychophysiology

The Army Medical Service requires improved means for detecting and reducing psychiatric casualties, as well as techniques for assessment and reduction of stress due to combat environments.

A multi-discipline approach at the Walter Reed Army Institute of Research has combined the techniques of neuropsychiatry, neuroendocrinology, neurophysiology, medical electronics, histology, and experimental pathology in an attempt to gain a better understanding of human mental processes and behavior.

Biological Effects of Nuclear Weapons

The use of nuclear weapons will intensify and multiply the problems I have mentioned and will create additional problems. Nuclear explosions will produce a wide range of traumatic injuries and will cause psychiatric casualties and disease problems not dissimilar to those produced by conventional weapons when used in heavy concentrations.

The differences lie in the numbers of casualties produced, their rapid accumulation, wide dispersion, and the added problems of ionizing radiation. The experience of the Army Medical Service in the handling of large numbers of casualties in World War II and Korea is partially applicable to the nuclear battlefield. The entirely new problem is that of ionizing radiation.

I want to emphasize again that ionizing radiation is only *one* of the casualty-producing factors in a nuclear explosion. In treatment and evacuation of patients, consideration must be given to mechanical injuries and burns as well as radiation. Studies are being conducted to determine

the effects of ionizing radiation on the recovery of surgical patients. It is important to determine the effects of repeated sublethal doses of radiation.

Research also is being directed toward increasing man's tolerance to ionizing radiation. Certain chemicals have given indication of a two-to-three-fold protection in experimental animals. To the degree that we are successful in these efforts, it would mean not only reduction of the number of these casualties on the battlefield, but an increase in the capability of units to maneuver through radiologically contaminated areas.

Defense Against BW-CW Agents

Defense against chemical and biological weapons is receiving ever-increasing emphasis. We cannot predict whether such agents will be used against us, but we must be prepared. These agents can cause tremendous impact on forces not ready to defend themselves. Our primary interest is in the development and application of medical defensive measures against these agents. Significant advances in prophylaxis and/or treatment have been made, but we are far from having the final answer for an adequate defense against an attack with either weapons system.

Influence of Medical Research on Army Logistics

The requirement to treat and transport casualties on modern battlefields creates enormous logistical burdens. Military medical research can reduce these formidable logistical problems —and increase the effectiveness of American fighting forces in future operations. For example a 500,000 soldier force entering an overseas theater would require approximately 25,000 fixed hospital beds, after 90 days, under conditions which existed in many regions during World War II.

The logistical burden associated with care of these patients includes:

Approximately 86,000 short tons of construction materials (standard IV hospitals); approximately 28 engineer construction battalions or 21,000 engineer troops, working one and one half months; providing for almost 28,500 medical personnel, including 2,100 physicians; construction over area of approximately 1,500 acres; provision of about 23,000 KW of electric power; and provision of almost 3,000,000 gallons of treated water per day.

We feel that we are making encouraging progress in reducing the effects of factors which have been historically responsible for the major contributions to the described patient load, particularly in the development of better methods to prevent or treat infectious diseases of remote strategic areas.

A review of the history of warfare invariably discloses enormous advantages that have accrued to nations best prepared to cope with medical problems of the battlefield. In past wars more troops have been made noneffective by disease and environmental stresses than by injury from weapons. For example:

> In Napoleon's march to Moscow his army dwindled from 533,000 to 95,000, although only two battles were fought. His splendid army was decimated by the effects of extreme cold, typhus, fever, and other diseases.
>
> In the Crimean War (1854-55), 7,500 French troops died of wounds, but 70,000 died of disease.
>
> In World War II during 1942-45, among U. S. Army troops, 72,000,000 man-days were lost due to battle injuries, but 286,000,000 man-days were lost due to infectious diseases.

In the initial stages of the New Guinea operation in World War II, six to eight U. S. Army soldiers were evacuated because of malaria for each one soldier evacuated because of battle wounds.

Summary

The complexities of modern warfare have created many new and challenging requirements for military medicine. The Army Medical Service is being provided increasing resources to cope with these problems, and an expanding research and development program has been planned to increase our capability to support U. S. Forces in a wide range of possible future operations.

We have the satisfaction of knowing that the fruits of our military medical studies will be of value to all mankind, regardless of the future military events, and we earnestly believe that the Army Medical Service will make even greater contributions in the nation's efforts toward world peace.

We seek and welcome the support and counsel of our civilian colleagues in these efforts, because we believe that military and civilian medicine are not only related but interdependent. I am confident that our combined efforts will continue to be as beneficial in the future as they have been in the past.

. . . if at first you do succeed, don't take any more chances.

KIN HUBBARD.

The Temporal Bone Banks Program for Research In Disorders of Hearing and Equilibrium*

Paul H. Ward, M. D.

THE Temporal Bone Banks Program is a nation-wide cooperative research effort with a network of 22 "ear banks" or laboratories presently in operation throughout the country. The program was developed under sponsorship of the American Academy of Ophthalmology and Otolaryngology and with the support of The Deafness Research Foundation. Its objectives are:

1. The advancement of knowledge of the pathology of the auditory and vestibular systems.

2. To encourage the development of laboratories equipped to process temporal bones and brains from pathologic cases.

3. To develop a centralized collection or repository of pathologic material which can be utilized in the training of residents and fellows in the specialty of otolaryngology.

4. To demonstrate to teaching institutions or training centers a method by which a supply of cadaver material for use in training in temporal bone surgery can be obtained.

Unlike the tissue banks such as the eye, bone or vascular banks, the temporal bone program seeks bequest of the inner ear structures of persons afflicted with auditory and vestibular disorders exclusively for basic research. It seeks to determine the underlying causes of these diseases by amassing well documented case histories and examinations of prospective donors and in each instance eventually correlating such antemortem data with the postmortem pathological observations pertaining to the temporal bones.

The estimated number of Americans with some degree of impairment of hearing runs into the millions. Approximately 300,000 have been so handicapped from birth as to require education in schools for the deaf. More than twice the number suffer from disorders of the ear than from heart disease, cancer, polio and tuberculosis combined. In spite of this fact, research in the particular field has lagged, with less than 2 per cent of the national expenditure on medical research devoted to deafness or hearing loss.

The Author

- **Paul H. Ward, M. D., Assistant Professor, Department of Surgery (Otolaryngology), University of Chicago School of Medicine, Chicago, Illinois.**

The tragedies of hearing loss seldom are sudden or dramatic—just terribly personal. It is an isolating, lonely disease, the existence of which society has attempted to deny for centuries. Its victims frequently have been considered variously as slow, or inattentive, or vague or overaggressive. Diseases of the ear rarely kill; years after their devastating effects have taken their toll, the victim succumbs from other causes. With him to the earth return his diseased ears, their secrets regarding the etiology and pathology of his deafness intact.

So difficult is the inner ear to test and examine during life that standard data, available on practically every other organ of the human body, is lacking for the ear.

In times past it has been only through the special efforts and vigilance of the attending physician at the time of the terminal illness that the temporal bones have been secured and made available for study. Often these cases have been inadequately documented. Although diseases of the ear are prevalent and the temporal bones readily available for removal at autopsy, only rarely has this been done, usually forgotten, no doubt, in the drive to establish the autopsy diagnosis, or to discover the cause of death, or to ready the body for the undertaker. Not often does the fortuitous circumstance, i.e., the convening of a physician interested in ear problems and a pathologist sympathetic to removal of temporal bones at an autopsy in the case of a well documented auditory or vestibular problem, exist.

Routine removal of temporal bones at autopsy is not feasible because of the high cost of the

*Presented before a meeting of the West Virginia Academy of Ophthalmology and Otolaryngology, held in connection with the 95th Annual Meeting of the West Virginia State Medical Association at The Greenbrier in White Sulphur Springs, August 24, 1962.

lengthy processing required. The estimated amount for materials and the technician's services is approximately $300 per pair, making attempts by individuals to investigate ear problems almost prohibitive.

Increased awareness of the importance of the organ of hearing in our modern day society and in our efforts to conquer space has rallied support from governmental and private institutions such as the USPHS and The Deafness Research Foundation, respectively. Persons with auditory and vestibular disorders are asked to legally bequeath their ears to science. Forms are made available either through the Temporal Bone Banks Center at the University of Chicago, under the direction of Dr. John R. Lindsay, or through any of the local ear banks. Signatures of the patient, his nearest relative and two witnesses are required. Upon receipt of these forms the Temporal Bone Banks Center begins a file on the prospective donor. His case history, physical examination, audiograms and other objective information or tests of the auditory or vestibular systems are acquired. A card is issued to the donor, to be carried by him at all times, containing the information that in the event of death written permission to remove his temporal bones has been granted and is on file with his important papers as well as with the Temporal Bone Banks Center at the University of Chicago. The telephone number of the Center, to which a collect call can be made for details on the removal, fixation and shipping of the specimens, also is given. The card is to be carried by the donor at all times.

The technique for acquiring human temporal bones is described in Transactions of the American Academy of Ophthalmology and Otolaryngology.[1] Reprints are available on request.*

Temporal Bone Removal: Block Technique

Two techniques for temporal bone removal can be described briefly. Using an ordinary Stryker saw with a fan-shaped rocker blade (in common use in nearly all autopsy rooms), the calvarium and brain are carefully removed and the eighth nerves are cut flush with the internal meatus.

In the block method four cuts are made (Figure 1). Two vertical cuts, one medial and one lateral, are made at right angles to the petrous pyramid. A third vertical cut is made connecting the first two anteriorly and parallel with the petrous bone. The fourth is an undercut of the bone outlined by the three previous cuts. It is made as near as possible in an anatomical horizontal plane with the floor of the posterior fossa.

Bone Plug Technique

The bone plug method requires the use of a special circular saw blade which attaches to a conventional oscillating Stryker saw. The blade

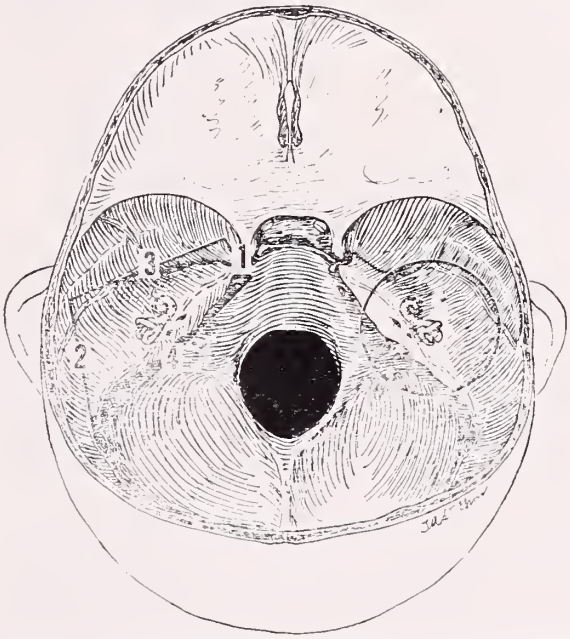

Figure 1—On the left, lines numbered 1, 2, 3, 4 indicate position of saw cuts for removal of temporal bones by block method. On the right, cylindrical block to be removed by bone plug cutter.

cuts a circular plug containing the middle and inner ear (Figure 1). In both methods, after the sawing is completed the specimen is grasped with bone forceps and the soft tissues cut with scissors or knife.

The specimen is placed in 400 cc. of 20 per cent formalin. On each of the two following days it is changed to fresh 10 per cent formalin and is ready for shipment.

Disposition of Specimens and Slides

Specimens can be sent to any of the 22 ear bank laboratories (Figure 2) or to the Center at the University of Chicago. Those received at the Center are distributed to the cooperating banks on a rotating basis. After lengthy decalcification, imbedding, sectioning and staining, several representative sets of slides containing every 5th section are prepared. One set of slides, as well as the unstained section remains in the laboratory doing the sectioning. A second set is sent to the central repository for future study and training purposes. In those cases in which a particular otologist, pathologist or other physician is responsible for procuring the specimens, that phy-

*Temporal Bone Banks Center, Box 146, Faculty Exchange, University of Chicago, Chicago 37, Illinois.

sician also shall receive a representative set of slides if he so desires.

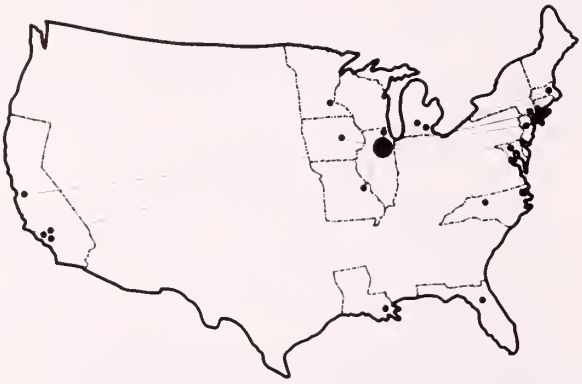

Figure 2—Diagram showing locations of the 22 temporal bone bank laboratories now processing human temporal bones.

A report of the histopathology in certain cases may be prepared by the processing laboratory or as a joint report with the contributing physician. Thus, under the program, the physician responsible for procuring the pathological temporal bones becomes a partner in the research.

So broad is the gap in our knowledge of auditory and vestibular problems, e. g., sudden deafness, congenital deafness, deafness following various childhood diseases and noise deafness, also of the many obscure types of vertigo, and so meager our information concerning these diseases, as to be readily apparent. How often each of us, regardless of his type of practice, is confronted with the problem of a patient complaining of ringing in the ears or of dizziness. Rarely can we make a definite diagnosis. Our treatment either is symptomatic or in the form of a sedative. How often the otologist is consulted by the parents of an infant who responds poorly or perhaps not at all to the sounds of his environment, and how rare it is that he can tell them what is responsible for the tragedy or whether or not their next child also is likely to be so afflicted. How can this disease be prevented in our children of the future?

Until some insight regarding the pathology and etiology of these diseases is gained, hope for a rational approach to their cure and prevention is deferred.

A Step Forward

Already progress has been made in the surgical correction of hearing loss caused by middle ear disease. New plastic and reconstructive techniques to restore the sound-transmitting mechanism destroyed by disease have been devised.

Thousands formerly severely handicapped because of fixed stapes as a result of otosclerosis, now hear again. Aided by knowledge of the pathologic mechanism by which the disease causes loss of hearing, new surgical techniques for removing or by-passing it have been developed.

Stimulated by the conquest of some of the middle ear problems, the challenge to extend the battleground to include diseases of the inner ear is made manifest. It is hoped that through basic research, the etiology, prevention and cure of inner ear diseases will emerge and that future generations will remember these diseases as we, today, remember polio.

We ask you, as physicians, to join us, along with The Deafness Research Foundation, in a united effort to educate the public regarding the extent of the deafness problem and the vital importance of research into its various causes and treatment. We ask you to take a few minutes of your time to inform those of your patients with auditory and vestibular pathology, of this program and of the opportunity it affords, through legal bequest and research, to help those similarly afflicted in the years to come.

Did not the prophet, Isaiah, speak of the day when ". . . the ears of the deaf shall be unstopped?" May Heaven, through research, speed the day.

References

1. Research Committee of the American Academy of Ophthalmology and Otolaryngology: Technique for Acquiring and Preparing the Human Temporal Bone for the Study of Middle and Inner Ear Pathology, Tr. A. Acad. Ophthal. & Otolaryng. 65:784-788, 1961.
2. The Book of Isaiah: Old Testament, chapter 35, verse 5.

. . . more than one cigar at a time is excessive smoking.

MARK TWAIN.

Otto Knut Olof Folin
(1867-1934)

Edward J. Van Liere, M. D., Ph. D.

Small universities and colleges often do not receive recognition for having had men on their faculty who, because of their exceptional ability, not uncommonly go on to larger schools and later become known as world famous scholars. The author wonders, for example, how many physicians or, for that matter, laymen, in West Virginia know that Otto Folin, the renowned biochemist, taught at West Virginia University. He served as assistant professor of chemistry during the school year 1899-1900. At that time the University had a small enrollment (646 students) and the medical school had only two full-time staff members. Although Doctor Folin primarily was not a member of the medical faculty, he performed an important service in teaching chemistry to medical and pre-medical students.

Many scientists, including physicians, are familiar with the Folin-Wu method for determining the blood sugar level but they probably know little about the men who developed it. It is not unlikely that some feel that the method was named after one man. This, of course, is not true. Doctor Folin was assisted in developing the method by Dr. Hsien Wu, a Chinese gentleman. The latter took his graduate work under the direction of Doctor Folin at Harvard Medical School.

Doctor Folin was born in Asheda, Sweden, in 1867, and migrated to the United States in 1882, when he was 15 years of age. He became a graduate of science from two great midwestern universities, receiving his B. S. degree from the University of Minnesota, in 1892, and his Ph. D. degree from the University of Chicago, in 1896. He then studied abroad for two years at the University of Upsala and the University of Berlin. He was, therefore, extraordinarily well trained.

The author was unable to obtain much information about Doctor Folin during his year at West Virginia University. It seems, however, that he devoted considerable time to research. One story, although the author cannot vouch for its authenticity, was that on one occasion Doctor Folin caused a live fish to be frozen in a block of ice. The ice was allowed to melt and the fish swam away without showing any effects from its frozen state. The experiment apparently attracted rather wide publicity. I presume it could be interpreted to signify that even at that early date Doctor Folin was interested in the body fluids.

Submitted to the Publication Committee, April 16, 1962.

The Author

- **Edward J. Van Liere, M. D., Ph. D., Professor of Physiology and Dean Emeritus, West Virginia University School of Medicine, Morgantown, W. Va.**

After his year of residence at West Virginia University, Doctor Folin spent a number of years in chemical research at McLean Hospital, Waverly, Massachusetts. In 1907, he joined the faculty of Harvard Medical School, in the department of biological chemistry as an associate professor and somewhat later became professor and chairman of the department. He retained the position until his death.

Dr. Henry A. Christian,[1] Hersey professor of the theory and practice of physics, Harvard Medical School, in a short essay emphasized Professor Folin's modesty and his quiet retiring nature. Doctor Christian points out, however, that if the occasion demanded, Doctor Folin could express himself effectively and wisely. His keen sense of humor and his innate kindness removed any sting from his criticisms. He was beloved by his pupils and colleagues.

I am sure that a number of interesting stories could be told about this brilliant, quiet mannered man. I remember one incident, although he was not there when it actually happened. It seems that one afternoon Professor Folin was setting up an experiment in the student biochemical laboratory; adjacent to him a medical student also was preparing to set up an experiment. The student, presumably endowed with all the assurance of youth, remarked to his senior companion that he was usurping some of the space he (the student) needed. The older man, deeply absorbed in his problem, paid but little attention to his young friend and finally the student is reputed to have

said something like this, "Mister, you are in my way and you are interfering with my work." The older man looked at him quizzically for a moment and stated slowly and gently, "I am Otto Folin." How long it took the young student to recover from this episode I never was able to ascertain.

Professor Folin early in his career became interested in the use of colorimeter methods for the quantitative determining of minute amounts of certain constituents of various body tissues and fluids, especially those of the blood. It obviously was necessary for these methods to be most accurate since they were performed on extremely small amounts of material. The latter is of great importance since in many instances the patient cannot be deprived repeatedly of relatively large amounts of fluid necessary to his normal existence. These tests, furthermore, had to be rather simply designed so that they could be performed by technicians of modest ability. Also, ideally, the materials used in the tests had to be of low cost so that they would be available to physicians and to small hospitals. Doctor Folin, with the help of his numerous colleagues, some of whom were graduate students, strove to perfect these various tests and methods to conform with the principles just outlined. The results were eminently successful.

It hardly is in order to attempt to enumerate the many tests and methods developed by Doctor Folin and his colleagues. A modern medical dictionary lists approximately fifty. It seems almost incredible that any one man could be responsible for such an enormous output of work. Doctor Folin had not only a keen imagination but also must have been a tireless worker and, too, must have had good organizational ability to accomplish all he did.

The methods and tests Doctor Folin developed came to be widely used in medical schools, in research laboratories, in hospitals and in various institutions the world over. Indeed, many of them are used today. His researches stimulated other workers to engage in this particular field of investigation. Many of his microchemical methods were used to investigate various tissues and fluids in health and in disease states. These studies not only materially added to the sum total of biologic knowledge, but were of inestimable use in clinical medicine and, thus, were of great benefit to mankind.

Doctor Folin received recognition by universities and by learned societies, both in this country and abroad, for his brilliant achievements. Indeed, he was regarded as one of the outstanding biochemists of the period.

It was planned to honor him at a dinner and to present his portrait, but he died (October 25, 1934) before arrangements could be completed. Instead, a memorial was held, attended by students, friends and faculty to do him honor, and the portrait which had been prepared for the other occasion was presented to Harvard University.

In summary, it may be said that it is of distinct interest that Doctor Folin once was on the faculty of West Virginia University, albeit for a short time. He would have graced any faculty in any university in any land at any time.

Reference

1. Christian, H. A.: Harvard M. Alumni Bull., (Jan.) 1935.

Cost of Drugs and Value Received

I recently had a patient who had pneumonia. After five days of treatment he felt so much better that he wanted to return to work. He then began to complain of the high cost of drugs he had to take. I said to him: "Next time you get ill remind me not to prescribe these drugs, but to treat you in the manner we did 30 years ago—mustard plaster, brandy, and the like, and waiting for the 'crisis' to break about the ninth day, with a 50-50 chance of recovery. If you 'made it' it would be about two months before you would be ready to return to work—provided you have not collected pus which may require rib-resection for drainage."

My patient remarked he had not thought of it that way and now realized the drug bill was very little to pay for value received.—Walter W. Hughes, M. D., in New Medical Materia.

Report of the School of Medicine West Virginia University

(July 1, 1961 to June 30, 1962)

Clark K. Sleeth, M. D., Dean

At West Virginia University the Dean of each School or College annually submits a formal report to the President of the University regarding the activities of the School for the preceding year.

At the School of Medicine we believe that such information is of interest to the members of the medical profession of the State. Accordingly, the following material taken from the annual report to the President has been submitted for publication in *The West Virginia Medical Journal.*

The Author

- **Clark K. Sleeth, M. D., Dean, West Virginia University School of Medicine, Morgantown, W. Va.**

I. AIMS AND OBJECTIVES

Education, research and service remain the principal missions of the School of Medicine and cannot be separated nor assigned an order of priority.

A. Educational Objectives

1. To provide a program leading to the degree of M.D., emphasizing by curriculum, precept and example the concepts of medical education as a lifelong process and medical practice as a professional service.

2. To provide continuing education for graduate physicians: (a) hospital internships and residencies, and (b) postgraduate programs for practitioners, in cooperation with professional groups who share this objective.

3. To cooperate with official and voluntary agencies in providing public education facing the problems of provision of medical care, extension of medical knowledge and narrowing of the gap between the known and the practiced.

4. To encourage and assist in provision of programs of education in the many essential para-medical services.

5. To provide programs leading to the degrees of M.S. and Ph.D. in appropriate departmental disciplines.

B. Research Objectives

To conduct a vigorous program of research, especially in human biology in the broadest sense and specifically involving cooperation among the departments of the School, the Schools of the Medical Center and the University, and the official and voluntary agencies of local, state or national scope concerned with the extension of knowledge.

C. Service Objectives

1. To help to provide, through the professional staff of the School at work in the University Hospital and Clinics, health care of the highest quality.

2. To cooperate with community, professional and other groups in efforts to bring improvement in health services everywhere.

D. General Objective

To promote at all times cooperative attitudes and action for best utilization of all agencies whether local, state or national; official or voluntary; professional or lay; for the advancement of the one great objective of better health for all people.

II. PROGRESS DURING 1961-62

A. Administration

1. On July 1, 1961, Edward G. Stuart, Ph.D., M.D., Associate Professor of Pathology, was appointed Assistant Dean with responsibilities in the areas of curriculum development and student affairs.

2. The Faculty Committee on Educational Policy and Practice was stimulated to undertake an over-all survey of the educational programs of the School. As a result several changes in curriculum organization were recommended, and some were adopted. The Executive Faculty of the School has also continued its long-range study of the curriculum of the School, and especially its relation to the other Schools of the Medical Center.

Submitted to the Publication Committee, December 7, 1962.

3. Although only eight budgeted faculty positions in the School are now unfilled, we are concerned with the deteriorating salary positions of our Basic Science Departments in relation to other schools of medicine. It will be very difficult to strengthen the basic science faculty without considerable improvement in the salary scale.

B. Educational Programs

Formal Curricula—1. Candidates for the M.D. degree: The Curriculum of the fourth year was taught for the first time. Sixteen students began, and fifteen completed the work of the year and were graduated on June 4, 1962, receiving the first M.D. degrees ever granted solely by West Virginia University. The one student who did not complete his work on schedule is expected to fulfill the requirements for the M.D. degree by January, 1963.

A total of twelve students were granted the M.D. degree jointly by West Virginia University and the Medical College of Virginia. These students had transferred to the Medical College of Virginia after completing the first two years of the medical curriculum here. With the graduation of this group the contract between West Virginia University and the Medical College of Virginia has terminated. More than 337 physicians have completed their M.D. degrees under the provisions of this contract.

Future graduating classes at this School of Medicine will increase in size to 40-45 during the next two years and to 55-60 subsequently.

We require the fourth year class to take Part II of the National Board of Medical Examiners nationwide examination. Although no detailed figures for national performance in 1962 are yet available, it is evident that our small class, as a group, will be near the national average. The policy of requiring National Board examinations includes the taking of Part I at the end of the second year. We will thus have available annually an independent, objective evaluation of student progress in relation to a national peer group.

2. Candidates for the M.S. and Ph.D. degrees: Six of the Basic Science Departments offer programs of graduate education within their own disciplines. The two Ph.D. degrees granted by the Department of Pharmacology in June, 1962, are the first such degrees to be granted by a department of the School of Medicine. The table shows programs approved by the Graduate School.

	M. S. Candidates	Degrees Granted	Ph. D. Candidates	Degrees Granted
Gross Anatomy	5	0	1	0
Microanatomy	1	1		
Biochemistry	6	2	4	0
Microbiology	8	1	1	0
Pharmacology	7	5	3	2
Physiology	4	0	1	0
Totals	31	9	10	2
(Totals last year)	(16)		(5)	

We expect healthy increases in these programs to continue. Graduate education in four departments is strengthened by training grant funds, largely from the National Institutes of Health.

3. Candidates for the degree of B.S. in Medical Technology: This degree was granted to six persons in 1962, and a total of twelve completed the first year of the two year curriculum within the School of Medicine. A vigorous program of recruitment conducted in the high schools should be reflected in the enrollment of freshmen in the pre-professional course this fall. Past years have seen excessive losses of students from this program during the first two years, attributed in large part to an inability of these young students to relate their fundamental preparatory education to the work of the medical technologist. The introduction into the curriculum of the Arts College during the past year of limited orientation courses, taught at the Medical Center by medical faculty, is expected to ameliorate this wasteful situation.

4. Candidates for degrees in other Schools and Colleges: The faculty of the School of Medicine is responsible for teaching a total of 20 courses for 480 students enrolled in four other schools and colleges. Most of this teaching is in Basic Science Departments.

Co-Curricular Activities—1. A weekly program of lectures by distinguished speakers is sponsored by the Medical Center from October through May. Students and staff are encouraged to attend these sessions, and schedules allow free time for the purpose. These lectures are open to the public.

2. The School of Medicine participates fully in the program of Medical Education for National Defense, sponsored and financed by the Armed Forces of the United States.

3. As opportunity presents, outstanding teachers from other institutions are brought to the School of Medicine as visiting professors for varying periods of time. During the past year, we were visited by Nathan Smith, M.D., Professor and Chairman, Department of Pediatrics, University of Wisconsin; Alexis Hartmann, M.D., Professor and Chairman, Department of Pediatrics, Washington University, St. Louis; and Harry W. N. Greene, M.D., Anthony N. Brady, Professor and Chairman, Department of Pathology, Yale University.

Non-Curricular Educational Programs—1. Six interns began the year of training in the University Hospital, under the supervision of the members of the clinical departments of the School. One of these men was released, after four months, to another internship. Five completed training during the year.

2. Residency training was provided for 23 individuals distributed among the following departments: Medicine, Surgery, Pediatrics, Pathology and Radiology.

3. We were unable, during the year, to establish any formally organized and regularly scheduled postgraduate courses solely for practicing physicians. Each major clinical department holds weekly scheduled clinical conferences intramurally, open to practitioners, and attended by many from this region.

The members of the faculty report a total of more than 100 instances of appearance at professional society meetings at local or state level to present papers or lectures or otherwise participate in programs of postgraduate education for practitioners. The Dean was a participant in a total of 10 meetings at state, regional or national level.

C. Departmental Staffing

The following tables enumerate the faculty members employed during the year:

FULL TIME SALARIED FACULTY

Department	Professor	Associate	Assistant	Instructor	Total
Gross Anatomy	1	2	1	1	5
Microanatomy	1	2			3
Biochemistry	1	3	3		7
Microbiology	1		6		7
Pathology	1	2	1	3	7
Pharmacology	1	2	2	1	6
Physiology	4	1	2		7
Medicine	2	3	5	1	11
Obstetrics-Gyn.	1			1	2
Psychiatry	1	1		3	5
Pediatrics	1		2		3
Radiology	1	1			2
Surgery	1	5	2	2	10
Medical Tech.			1	1	2
Totals	17	22	25	13	77

Of eight budgeted but unfilled vacancies, two were filled effective July 1, 1962. Health and Preventive Medicine, Otolaryngology, and Physical Medicine and Rehabilitation, while functioning, need specifically assigned qualified personnel. Increased numbers of staff will also be needed soon in several other departments.

D. Facilities

1. The Veterans Administration Hospital in Clarksburg, West Virginia, is a fully affiliated Dean's Committee Hospital. Appointments to the professional staff of that Hospital are made only after approval by a committee of the faculty of this School. The teaching of Physical Diagnosis has been strengthened by the use of this facility. A small number of students secure part of their education in surgery there, and surgical residents may spend six months or more of their training period at the Veterans Administration Hospital. Concerted effort is being directed to the further strengthening of the staff to the point where similar utilization by the Department of Medicine may be possible.

PART-TIME CLINICAL FACULTY

Department	Clinical Professor	Clinical Associate Professor	Clinical Assistant Professor	Clinical Instructor	Total
Pathology			2	1	3
Medicine	1	3	3	5	12
Obstetrics-Gyn.			3		3
Psychiatry			1		1
Pediatrics			1		1
Radiology		3			3
Surgery	2	3	6	7	18
Totals	3	9	16	13	41

2. At the request of the Commissioner of Public Institutions of West Virginia, a group representing the administration and faculty of the Medical Center met with him and representatives of Hopemont Sanitarium in December 1961, looking toward the provision by the Medical Center of thoracic surgery service for patients of the Sanitarium. A program was agreed upon, and the 1962 Legislature granted an increase in the appropriation to the Sanitarium to help provide for the costs of the care contemplated. This program is ready for implementation with the beginning of fiscal 1962-63, and may establish a pattern for future cooperation with the various health serving and correctional institutions of the State for provision of specialized services.

3. Considerable equipment has been added to the teaching, research and service facilities of the School. A cardiac catheterization suite, pulmonary function laboratories, and research laboratories of the Department of Medicine merit special mention. Seating capacity of most lecture rooms has been brought to maximum. Major modification of physical plant has been undertaken chiefly within the Hospital, as required by the potential of the clinical staff for utilization of facilities not previously available.

4. With the continuing need for expansion of educational and research facilities to serve national needs reflected in the continuing support of the Federal Congress for construction, we need to give consideration to future ability of West Virginia University to participate in such programs.

E. Students

1. A numerical accounting of students in the medical curriculum follows:

Year	Enrolled	Regularly Promoted	Irregular Progress	Dismissed or Withdrew
1st	59	52	6	1
2nd	40	39	1	0
3rd	45	42	2	1
4th	16	15 (graduated)	1	0
Totals	160	148	10	2

It is worthy of note that the 160 medical students comprise only a fraction of the students enrolled at the Medical Center.

The following table accounts for all students enrolled during 1961-62:

ENROLLMENT

Medicine	160
Dentistry	105
Nursing	94
Pharmacy	62
Medical Technology	18
Dental Hygiene	2
Graduate Students	40
Total	481

It is certain that this figure will increase to about 650 in the next ensuing year, and to 1000-1100 within the next very few years.

2. Sixty students have been selected for enrollment in the first year medical class of 1962. The size and nature of the pool of applicants from which these students were selected is indicated in the following table:

	Applications Requested	Application Forms Supplied	Completed Applications Received	Acceptances Issued	Students Accepting Places
W. Va. Residents	182	182	135	68	52
Non-Residents	300+	77	68	13	8
Totals	482+	259	203	81	60

3. There is national, as well as local, concern regarding the decreasing numbers of well qualified applicants for medical school. During the past year, the West Virginia University Medical Center cooperated with the West Virginia Academy of Science in holding "open house" during the annual meeting of the Academy, which was held in Morgantown. A number of college students, and a few selected high school students availed themselves of the opportunity to see the staff and students of the Medical Center at work in research laboratories, patient care areas, classrooms and teaching laboratories.

The excellent work of the Assistant Registrar, Medical Center, in maintaining contact with premedical advisors at colleges of the State and region is commendable. It is our intention to reinforce his contacts by means of visits to other campuses by faculty members of the School of Medicine, and by inviting concerned personnel from other schools to the Medical Center.

4. Financial support for students of medicine continues to be a problem. The loan guarantee program instituted in the spring of 1962 by the American Medical Association's Education and Research Foundation has made it possible for many students to secure adequate loans on most reasonable terms and is the greatest single help in this area at the present. Loan funds available for administration by the School total $34,847.32, of which $30,911 is now on loan.

The scholarship program of the West Virginia State Medical Association has been granting $1,000 per year to one student in each of the four classes of medical school. During the year just finished, that Association moved to double its support, awarding two such scholarships to members of the incoming first-year class. This generous suport, intended to encourage worthy students to prepare for rural practice, is most helpful and is appreciated by students and faculty alike.

Board of Governors' Scholarships, available for the first time this year, have been of great assistance, but we need to continue efforts to increase the amount of support available to students enrolled in this long and expensive program.

5. The members of the student body of the School, upon their own initiative, and after seeking faculty counsel, formulated an Honor Code which was adopted by the student body and the faculty before the end of the academic year.

6. Through the efforts of members of the faculty who had previously been elected to membership in the sole medical student honors fraternity, Alpha Omega Alpha, a chapter of that organization was established here in the spring of 1962.

F. Research and Publications

Every faculty member is encouraged to engage in a vigorous program of investigation. Direct institutional support of research is evidenced in the provision of space, equipment, and faculty salaries. Research grants and contracts held by the members of the faculty this year made available over three quarters of a million dollars in support of sponsored research. A total of 76 individual research grants or contracts were in force during the year, and members of the faculty published 82 papers in scientific periodicals. Papers were presented or discussed by members of our faculty at many regional or national meetings of scientific groups. Two faculty members participated in scientific meetings abroad.

The National Institutes of Health this year inaugurated a new program of Institutional General Research Support Grants to schools of medicine. It is already evident that careful administration of this revenue will enable us to encourage junior faculty members to begin programs of investigation which, while having much merit, could not in their initial stages compete nationally for support as individual projects.

G. Service to Patients

The University Hospital and Clinics have continued to expand the program of patient care. The demand for services has exceeded the most optimistic estimates and at the present time, the patient population in both the out-patient department and the various hospital services is adequate to the need for teaching medical students.

During 1961-62, one hundred additional beds were commissioned, bringing the bed complement to 250. (Author's subsequent note: In October, 1962, the bed complement was further increased to 310.) Bed occupancy rates consistently vary between 80 and 85 percent with some services frequently showing 100 per cent occupancy.

At the same time, new in-patient services have been added in psychiatry, intensive patient care, ambulatory care, and metabolic research. The scope of services in the out-patient department has been increased by the addition of regular clinics in allergy, dermatology, dental, neurology, plastic surgery and psychiatry.

Since February, 1962, one or two surgical procedures on the open heart have been performed each week. This represents a major service development which required the establishment and training of a highly skilled and coordinated surgical team backed by an equally skilled and coordinated diagnostic team in the heart catheterization laboratory.

During the year ended June 30, 1962, the Hospital provided 60,729 days of hospital care, or more than double that provided during the first year of operation. Total out-patient visits similarly increased from 8,746 to 31,680.

H. Accreditation

The first two years of the curriculum of the School of Medicine have enjoyed full accreditation as a School of Basic Medical Science since 1937.

On October 23-26, 1961, the School was visited by a Survey Team from the Liaison Committee on Medical Education representing the Council on Medical Education and Hospitals of the American Medical Association and the Association of American Medical Colleges. As a result of this survey, the Liaison Committee has recommended full approval of the School of Medicine by the accrediting agencies named.

III. RECOMMENDATIONS

1. The future progress of the educational programs of the School will be compromised at an early date unless we can correct the situation by which funds intended for educational purposes are of necessity being used to pay costs of hospital care of patients without other resources.

2. The ability to attract, retain or replace well qualified teachers in the Basic Sciences is dependent upon our ability to adjust the salary scale in these disciplines in relation to national competition.

3. The total teaching programs, especially of the departments of Basic Science, must be restudied in relation to the needs of the Medical Center, the Graduate School, and the University as a whole.

4. Our willingness and ability to cooperate with other health-serving agencies, official and voluntary, local, regional, state or national, must be made evident at every opportunity, in deed as well as in word.

5. We must make every effort to be in a position to participate to the optimum extent in sponsored programs of construction of facilities.

6. The recreational needs of the intern and resident staff are not being well met, and in the nature of the duties of these persons, we cannot rely upon community resources.

7. The program of postgraduate education for medical practitioners must be placed on an organized basis, and could become nearly self-sustaining.

8. A few positions remain to be filled in the staffing of the School of Medicine.

. . . I like the dreams of the future better than the history of the past.

THOMAS JEFFERSON.

The President's Page

Medical Legislation

SEVERAL bills have been introduced in the current session of the Legislature which are of utmost importance to the members of the State Medical Association. The Medical Examiner's bill, one of three bills sponsored by the Association, was introduced in both Houses on January 16 and hearings by committees were scheduled to be held on January 23. This bill provides for the establishment of a Medical Examiner's System under the supervision of a six-member Commission on Postmortem Examinations. The central laboratory would be located at the West Virginia University Medical Center in Morgantown. Among the important functions of such a system would be to ascertain the cause of death when such cause is not obvious. The bill is patterned after the laws of Virginia and Maryland which are considered by many as the most modern now existing in the country.

Other measures sponsored by the Association include a bill which would revise certain portions of the Code pertaining to admission and discharge laws of the mentally ill. This legislation also has the endorsement of the West Virginia Association for Mental Health and the State Department of Mental Health. The third bill is concerned with autopsy consent and would clarify the responsibilities of all persons involved in obtaining and performing an autopsy.

Senator William A. Moreland of Morgantown introduced two bills which would vitally affect the practice of medicine in West Virginia. I am sure you are aware of these measures since they have been given a great deal of attention by the news media. The first would provide for the organization and operation of voluntary, non-profit pre-paid medical care programs under control of lay, non-medical corporate boards. It is our belief that the practice of medicine should be administered only by those who are qualified, namely the licensed physicians in this State.

The second measure which Senator Moreland has proposed concerns the relaxation of requirements for licensure to practice medicine. The medical profession has been reluctant to agree to changes in the present law since it would jeopardize the high standards which now exist. Many of our citizens are not aware of the fact that with the exception of schools in Canada, Britain and the Scandinavian countries, there are few medical schools which have standards equal to our own American institutions.

It is known from authoritative facts that medical schools in other areas of the world are far inferior. Some of the schools have hundreds of students in each class and the courses which are offered are didactic and the students go through school without examining a patient, performing a laboratory test or even looking through a microscope. As a consequence, they are graduated without knowledge of the theoretical or practical side of medicine. It is partially for the above reasons that a medical licensing board must exist, and it must exist with laws which can prevent untrained, unqualified "doctors" from jeopardizing the health and welfare of the citizens of West Virginia.

As this message is written, we have been informed that Senator Moreland and other proponents of these bills have agreed to meet with representatives of the medical profession to discuss the pros and cons of this legislation. Should the sponsors of this legislation use their influence and join forces with the medical profession, we would stand a better chance of obtaining qualified physicians for our rural areas. We invite them to help us encourage communities which desperately need doctors to cooperate and offer inducements to physicians to settle in their areas. Several of our rural communities have succeeded in obtaining a doctor as a result of hard work by citizens' groups.

We invite the news media to use its influence to make our State appear more attractive, rather than referring to it frequently as the lowest of depressed areas. We need their constructive leadership to help us attract qualified young doctors to the rural areas. The medical profession, with the full support and cooperation of interested individuals and organizations, can help solve the problems of communities which need the services of a doctor.

L. J. Pace, M. D., President

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EDITORIALS

PLEDGE FULFILLED

Elsewhere in this issue of *The Journal* is an article by Dr. Clark K. Sleeth, Dean of the West Virginia University School of Medicine, which should bring great pride to the West Virginia State Medical Association. This report represents the fulfillment of a pledge that West Virginia Medicine had given to our residents many years ago. The record indicates the full flowering of the West Virginia University School of Medicine with 206 students in the four-year program and predicts further development of the School in the coming years. The first educational objectives are now met. The second objective providing for graduate hospital training and postgraduate training also is in process of fulfillment. The recent postgraduate course in pulmonary diseases conducted in Beckley was an excellent example of scholastic training now available to practicing physicians.

The Dean's statement, "The demand for services has exceeded the most optimistic estimates and, at the present time, the patient population in both the out-patient department and the various hospital services is adequate to the need for teaching medical students," is most gratifying, and is particularly informative to those who had reservations concerning the need for this school and had misgivings concerning the present site.

If we had the smallest doubt that our University Hospital would prove inadequate for our student needs, we may now rejoice.

We can reap satisfaction in the fact that our Association is now providing annually scholarships to two students enrolled in the first-year class at the School of Medicine. Each four-year scholarship is worth $4,000. There are currently five recipients enrolled in the School and ultimately the program will be supporting eight students. The program was inaugurated in 1958 and the first recipient, Dr. Larry Hemmings, received his M. D. degree in 1962.

Also, your contributions to AMA-ERF are now supporting in great part 45 medical students of a total enrollment of 206. When you receive your next solicitation from the AMA-ERF loan fund, please remember that 22 per cent of all medical students in West Virginia are now supported by your donations. Give generously and remember your contribution is worth 12½ times its face value in a student loan. Medical education cannot be said to be "reserved for the rich." A $100 donation provides upkeep for a medical student for one year. Where can you get so much satisfaction for so little output?

Dean Sleeth reports there is national as well as local concern regarding the decreasing numbers of well-qualified applicants for medical

schools. This is a matter in which all of us have concern. It may be that one of the deterrents to student applicants is the uncertainty of the physician's future in this country. This is particularly noted in the decreasing number of physicians' sons who do not now choose their fathers' profession. Many such students are advised by a medical parent to enter another profession.

Many students now appraising the future cannot understand the need for a 10-year-course of study in medicine, when a 4-year study in another science will provide a position of equivalent monetary response and one less probable to come under the control of a bureaucratic government.

The West Virginia State Medical Association will continue to support medical training in our State. In return we earnestly request the School of Medicine to develop the theme of private medical practice and give all students an opportunity to see clinical medicine in the doctor's office, as well as in the University Hospital.

FUTURE SUPPLY AND DISTRIBUTION OF PHYSICIANS

There is a widespread feeling, based on national studies, that unless new medical schools are established, or present schools enlarge their program, our country will soon face a critical shortage of physicians. Because of this prediction, the Maryland State Planning Commission's Committee on Medical Care made a study to ascertain what Maryland's responsibility might be for the education of physicians to meet its 1975 needs.

The Committee was made up of representatives of the community and members of the medical profession; the latter included the Deans from the medical schools of Johns Hopkins University and of the University of Maryland. Although the study emphasizes Maryland's needs, the Committee wisely took a more comprehensive view and concluded that a national prospective was necessary. In point of fact the approach is an idealistic one in the best sense of the term.

Among the items mentioned in the report,[1] two are of especial interest; the first, the number of students who should be graduated to maintain the proper physician-population ratio, and second, the distribution of physicians.

It was pointed out that for national planning purposes the standard for physician need has been set at 133 non-federal physicians per 100,000 population. This ratio is about that which now exists in this country.

In assessing Maryland's needs the Committee rejected the physician-population ratio as a valid basis for State planning. The approach taken was to relate the current number of its medical school graduates to the national population. Since the two medical schools in Maryland in 1959 graduated 151 students, and since the population of the United States was 174,409,000, the ratio of the students graduated in Maryland per 1,000,000 national population was 0.866. If the population of the United States in 1975 reaches 235,246,000 as predicted, Maryland would have to furnish 204 graduates to maintain the above mentioned ratio. Allowing for attrition, the committee concluded that the two Maryland medical schools should plan to enroll by 1971, 240 medical students. (This is 50 more than are currently admitted in the first year class). The committee assumed, moreover, that the continual high rate of immigration of foreign physicians would not continue, so that in addition to the 50 students previously mentioned, 42 more should be added, making a total of 92. It was thought that the two medical schools perhaps could absorb 50 additional students in the first year class. This would, however, still leave 42 students to take care of.

It was observed that this number (42) was nearly the equivalent of the establishment of another medical school within the state. As a consequence it was recommended that a school of basic medical sciences be established at one of the college campuses in Maryland, with an entering class of no less than 42 students. It was thought that four-year schools could readily absorb additional qualified students for the clinical years.

The committee considering medical care in Maryland emphasized that presumably there is not an actual shortage of physicians, but that their distribution was at fault. The point was made, however, that communities should appreciate that a 30 minute automobile drive to reach a physician is not unreasonable. It was recognized that every hamlet cannot possibly have the services of a full-time physician. These days are gone, never to return. It was suggested that small communities explore the possibility of obtaining part-time physicians who could perhaps hold office hours one or two days a week.

The Committee stresses the view that tying strings to scholarships, by requiring indentured rural service, was futile. Attempts in this direction thus far have been unfruitful. In order to compete with other disciplines, such as nuclear

physics, and engineering, scholarships should be set up which would give students of medicine financial support comparable with those in other fields.

The report of the Committee is timely and informative, and can be read with profit by medical educators, by physicians, and by the laymen who are interested in medical care. The report is of especial interest to West Virginia, for not only is Maryland one of our good neighbors, but at one time (from 1902-1912) a cooperative agreement was in effect between the College of Physicians and Surgeons of Baltimore (now the School of Medicine of the University of Maryland), and the School of Medicine of West Virginia University, then a two-year school. That part of the report which deals with the distribution of physicians is particularly applicable to West Virginia.

1. Raffel, M. W.: Maryland Evaluates Its Physicians Needs, Public Health Reports, 77, 491-496, 1962.

BLUE SHIELD—A QUARTER CENTURY OF PROGRESS

With the advent of 1963, America's Blue Shield program has become a quarter century old. For it was in 1938 that the first Blue Shield Plans were inaugurated in California and Michigan. In the light of today's mercurial pace of socio-economic evolution, 25 years is a long, long time. Age has brought certain advantages to Blue Shield. There is the security that comes with the accretion of a vast enrollment and substantial assets. There is the confidence born of successful administration and solid actuarial experience.

But maturity also brings problems. The very size of Blue Shield tends to deprive it of the flexibility that has enabled it to respond promptly to new challenges in the past. Size makes for inertia, for complacency and over-confidence—which could be fatal in a political environment replete with booby traps for fat cats.

The problems confronting Blue Shield—medicine's response to the national demand for medical prepayment—are as big and complex today as Blue Shield itself is big and complex. We must find some way to control the persistent inflation of voluntary prepayment costs. We must somehow satisfy the popular demand for comprehensive medical prepayment without pricing ourselves out of the voluntary market. We must extend Blue Shield protection to the catastrophic long-term illness without depriving our patients of that vitally important coverage for the early visit which has been a Blue Shield hallmark.

Perhaps most important and basic of all: we must somehow get the Blue Shield message across to the several new generations of physicians who have come of age since Blue Shield was born. Many of these younger colleagues know little if anything of the crucial role played by our profession in creating and nurturing Blue Shield. Many of them do not realize why it is so vitally necessary for every practicing physician to identify himself with and to support Blue Shield, as the one and only prepayment plan guided by the medical profession and dedicated to the dominant American pattern of private practice.

Blue Shield's problems—and her opportunities and challenges—have grown right along with her enrollment. They are medicine's problems, and their solutions will call for the most devoted and imaginative leadership of which our profession is capable.

I. U.'s 12th President

It is evident from the inaugural address of Dr. Elvis J. Stahr, Jr., yesterday that he is fully aware of the challenges and responsibilities that confront Indiana University. Doctor Stahr yesterday officially became I.U.'s 12th president, the chief administrator of one of the nation's great educational institutions.

He sees the responsibility of the university as dual: To maintain a unity of knowledge in the face of the dramatic contemporary surge of discovery, and to encourage and nurture new knowledge. And he recognizes the global conflict that overshadows the world, and the responsibilities confronting America and all free peoples.

These responsibilities are primarily two. First, to continue to build free societies in which men can cultivate the fruits of freedom; and second, to maintain military power which will deter the enemies of freedom from attempting to destroy or overrun us.

Education, he added, is important to both. Indiana University, in Stahr's opinion, must not stand still. He expressed a deep conviction that the economic future of this state and region depends on intensified efforts in many fields of research. For he warns that if adequate investment is not made in the development of the abundant native brainpower, the center of industrial productivity will move out of the Middle West, and the state will become an economic wasteland.

Doctor Stahr has become the president of a university whose growth and academic achievements have been at the least remarkable within the last 25 years, during the tenure of Dr. Herman B. Wells. In his address he paid an apt tribute to his predecessor in describing Doctor Wells as one of the great educational statesmen of the 20th Century.

It appears that the future of Indiana University is in good hands. Doctor Stahr can be assured that not only the university alumni and student body, but the entire state, extend their best wishes in his great task. —*The Indianapolis News.*

GENERAL NEWS

Report of Kanawha Committee Endorsed by Council

The Council of the West Virginia State Medical Association approved and heartily endorsed the work and recommendations of the Special Committee of the Kanawha Medical Society in connection with the examination of men from Kanawha County who receive Aid for Dependent Children funds from the Department of Welfare on the basis of disability.

This action was taken during the winter meeting of the Council which was held at the Daniel Boone Hotel in Charleston on January 13.

Dr. Ward Wylie of Mullens, right, President Pro Tempore of the State Senate, presents the gavel to Senate President Howard W. Carson of Fayetteville at the opening session of the West Virginia Legislature in Charleston on January 9. Doctor Wylie, a member of the Council of the State Medical Association, has represented the Ninth District in the State Senate since 1938. (Photo courtesy of The Charleston Gazette).

Dr. Edwin M. Shepherd of Charleston, who served as Chairman of the Committee, appeared before the Council to present a report on the pilot study which was undertaken at the request of W. Bernard Smith, Commissioner of the Department of Welfare. He was accompanied to the meeting by several other members of the Committee, Drs. Page H. Seekford, Carl J. Roncaglione and Thomas S. Knapp, all of Charleston, and William D. Crigger of South Charleston.

A detailed report of the findings and recommendations of the Committee was contained in a special article which appeared in the December issue of *The West Virginia Medical Journal.*

Governor Barron Supports Recommendations

Doctor Shepherd pointed out that in his message to the legislature, Governor W. W. Barron had congratulated the Committee for its exhaustive study and strongly urged the legislators to implement the recommendations of the Committee.

Doctor Shepherd said the Committee has recommended that this pilot study be extended, initially in Kanawha County and thereafter to other areas of the State. He also said it is the hope of the Committee that the Legislature will see fit to strengthen the facilities and services of the Department of Vocational Rehabilitation, and to stimulate the formation of sheltered workshops and sheltered programs.

It has been conservatively estimated that there are more than 2,000 persons under the Aid to Dependent Children program alone in West Virginia who are in need of rehabilitative services.

The Council went on record as unanimously approving the report as submitted by Doctor Shepherd.

Resolution Introduced in Legislature

The following resolution, by Delegates Walter W. Carey and Paul Workman, both of Kanawha County, was introduced in the House of Delegates on January 16:

House Concurrent Resolution No. 6 "Endorsing and activating workshops for the partially and severely disabled."

Whereas, A study of a large group of disabled individuals by a committee of the Kanawha Medical Society has been completed; and

Whereas, The study shows a deterioration of the mental, emotional and physical characteristics of partially, as well as severely disabled individuals; and

Whereas, The study has stressed the need for the activation of workshops to provide vocational training for partially and severely disabled persons, and the need to provide sheltered employment for the disabled persons who cannot be absorbed into the competitive labor market; and

Whereas, Article 10-b, chapter eighteen of the code of West Virginia, one thousand nine hundred fifty-one, as amended, provides for such workshops under the Board of Vocational Education and its Division of Vocational Rehabilitation under a director; therefore, be it

Resolved by the Legislature of West Virginia:

That workshops be activated beginning in Kanawha County to provide vocational training for partially and severely disabled persons and to provide sheltered employment in the competitive labor market, with the ultimate aim being the establish-

ment of permanent sheltered workshops throughout the state.

The resolution was referred to the Finance Committee and no action had been taken as this issue of *The Journal* was placed on the press.

Election of Honorary Members

The following members were elected to honorary life membership in the Association:

Physician	Address	Society
Walter W. Point	Charleston	Kanawha
W. F. Shirkey	Charleston	Kanawha

Liaison with Academy of Science

Dr. Albert C. Esposito of Huntington submitted a report concerning the possibility of a relationship or liaison between the West Virginia Academy of Science and the West Virginia State Medical Association. He and Dr. I. Ewen Taylor, also of Huntington, had been appointed by the Council during the fall meeting to confer with representatives of the Academy for the purpose of discussing the proposal.

Doctor Esposito reported that he and Doctor Taylor had contacted Dean J. F. Bartlett of the College of Arts and Sciences at Marshall University, and had discussed the purposes of the Academy and some of the details pertaining to its management. He further reported that the Academy was interested in the establishment of a medical section within the framework of that organization for the purpose of stimulating interest in careers in medicine among students.

The Council went on record as endorsing the policies of the organization and the establishment of a Medical Section of the West Virginia Academy of Science.

Contribution to Scholarship Fund

It was reported that a check in the amount of $500 had been received from The Medical Arts Supply Company of Huntington as a contribution to the Charles Lively Memorial Scholarship Fund.

It was pointed out that this was the fifth annual contribution in that amount received from Mr. Harry H. Carnahan, President of the Company. The Executive Secretary said a letter expressing thanks and appreciation on behalf of the officers and members of the Association had been sent to Mr. Carnahan.

MAA Program

Dr. George R. Callender, Jr., of Charleston, Chairman of the Joint Conference Committee, submitted a report concerning the operation of the MAA and GMH programs during the past few months.

Doctor Callender reported that the funds appropriated by the Legislature for the MAA and GMH programs had been pooled late in 1962. He also stated that the GMH fund had been exhausted and the Department of Welfare had been utilizing MAA funds to permit continuation of the GMH program through the 1962-63 fiscal year.

Following considerable discussion, Doctor Callender was directed by the Council to reiterate in a letter to the Commissioner of Welfare that the Council disapproves of the pooling of MAA and GMH funds.

Meeting with BC-BS Representatives

Dr. D. E. Greeneltch reported that a meeting was held in Charleston on January 10 for the purpose of discussing the possibility of covering West Virginia Welfare recipients under Blue Cross and Blue Shield. He stated that representatives from the following organizations and agencies were in attendance at the meeting which was held in the offices of the Department of Welfare:

West Virginia State Medical Association, West Virginia Hospital Association, American Dental Association, American Hospital Association, National Blue Cross and Blue Shield Plans, West Virginia Blue Cross and Blue Shield Plans, West Virginia Department of Welfare and the United States Department of Health, Education and Welfare.

Report of Legislative Committee

A full report concerning pending legislation of interest to the medical profession was submitted by Dr. Frank J. Holroyd of Princeton, Chairman of the Legislative Committee.

Doctor Holroyd said that serious consideration had been given to the bills at a meeting of his Committee the previous evening and recommendations were made for approval or disapproval of all of the bills.

News concerning the Legislature is being relayed to members of the Association in Legislative Bulletins mailed frequently from the headquarters office in Charleston. The mailing of bulletins will continue until adjournment of the Legislature on March 9.

The action of the Legislative Committee as reported by Doctor Holroyd was approved by the Council

The meeting was attended by Dr. D. E. Greeneltch of Wheeling, Chairman; Dr. L. J. Pace of Princeton, President; Dr. Charles L. Goodhand of Parkersburg, President Elect; Dr. A. C. Esposito of Huntington, Vice President; and Drs. Richard E. Flood, Weirton; Charles L. Leonard, Elkins; J. C. Pickett, Morgantown; Richard V. Lynch, Jr., Clarksburg; John E. Echols, Richwood; Ward Wylie, Mullens; Harold Van Hoose, Man; Richard W. Corbitt, Parkersburg; William B. Rossman, Charleston; Clyde A. Smith, Beckley; and Mr. William H. Lively, Secretary ex officio, and Mr. Jerry Gould, Executive Assistant, both of Charleston.

The meeting was also attended by Dr. Frank J. Holroyd of Princeton; AMA Delegate; Dr. Thomas G. Reed of Charleston, AMA Alternate; Dr. N. H. Dyer of Charleston, State Director of Health; Dr. George F. Evans of Clarksburg, Editor of *The Journal;* Dr. George R. Callender, Jr., of Charleston, Chairman of the Joint Conference Committee; Mr. Harry Hinton of Chicago, AMA Field Representative; Mr. William E. Mohler of Charleston, Attorney for the Association; Mrs. George Curry of Morgantown, Chairman of the Legislative Committee of the Woman's Auxiliary to the State Medical Association; and Drs. George A. Curry of Morgantown, William A. Thornhill, Jr., Edwin M. Shepherd, Page H. Seekford, Carl J. Roncaglione and Thomas S. Knapp, all of Charleston, and William D. Crigger of South Charleston.

Status of Bills Reported In Legislative Bulletins

Complete reports concerning action by the Legislature on bills of interest to the medical profession are incorporated in "Legislative Bulletins" that are being sent frequently to members of the Association.

The Bulletins that are being mailed from the headquarters offices of the State Medical Association in Charleston are timed so as to take advantage of report dates by key committees and subsequent action by the Senate and House of Delegates.

Through the use of Bulletins, we will continue to bring to our members as promptly as possible up-to-the-minute activities. The reports that are, in effect, news stories are being prepared and distributed in lieu of lengthy news stories that would ordinarily appear later in *The Journal*.

The final Bulletin will be mailed within a day or two after adjournment of the Legislature on March 9.

Dr. Eugene M. Landis Named Editor Of 'Circulation Research'

Dr. Eugene M. Landis, Professor and Head of the Department of Physiology at Harvard Medical School, has been appointed Editor of *Circulation Research*, monthly scientific journal of the American Heart Association. He succeeds Dr. Carl F. Schmidt of Philadelphia, whose term expired last month.

Doctor Landis will be assisted by Drs. A. Clifford Barger and John R. Pappenheimer, both members of the faculty at Harvard Medical School.

Circulation Research is one of three scientific periodicals published by the American Heart Association. It is devoted particularly to reports on basic science studies as they apply to the broad range of cardiovascular medicine and surgery.

Physicians may order copies of the publication by writing to the West Virginia Heart Association, 759 West Washington Street, Charleston, West Virginia.

PG Course in Gynecology

A postgraduate course on "Gynecologic Problems in Private Practice," will be presented by the Medical College of Georgia in Augusta, March 12-14.

The registration fee is $50 and the course is acceptable for 18 hours of credit by the American Academy of General Practice. Further information may be obtained by writing the Department of Continuing Education, Medical College of Georgia, Augusta.

It usually takes more than three weeks to prepare a good impromptu speech—Mark Twain.

Dr. Ralph W. Ryan To Present Papers At Meeting in New Orleans

Dr. Ralph W. Ryan of Morgantown will participate in a Symposium on Industrial Ophthalmology in New Orleans, February 10-15. The Symposium constitutes the scientific program of the winter meeting of the New Orleans Academy of Ophthalmology.

Ralph W. Ryan, M. D.

Doctor Ryan, who has served for several years as a member of the American Medical Association's Committee on Industrial Ophthalmology and the National Society for the Prevention of Blindness Committee on Industrial Eye Health and Safety, will present three papers during the five-day program.

The subject of his first paper is "Chemical Eye Hazards in Industry," and the other two subjects are "Elimination of and Protection Against Chemical Eye Hazards," and "First-Aid Care and Medical Therapy of Chemical Injuries to the Eyes."

He also will participate in daily panel discussions on the various subjects covered in the scientific sessions.

PG Course in Urology

A postgraduate course on "Special Problems of the Kidneys and Ureters and Pediatric Urology" will be presented at the Cleveland Clinic Educational Foundation in Cleveland, March 6-7.

The course will be presented by staff members of the Cleveland Clinic Foundation assisted by several guest speakers. The fee for the two-day course is $30 and registration will be limited to 125 persons.

Guest speakers will include Dr. Grayson Carroll of St. Louis, president elect of the American Urological Association, Dr. Willard Goodwin of Los Angeles, and Dr. Cornelius Vermuelen of Chicago.

Further information may be obtained by writing Dr. Walter J. Zeiter, Director of Education, The Cleveland Clinic Educational Foundation, 2020 E. 93rd Street, Cleveland, Ohio.

Make Your Reservation Now!

Members of the West Virginia State Medical Association are urged to make reservations without delay for accommodations during the 95th Annual Meeting at The Greenbrier in White Sulphur Springs, August 22-24, 1963. Application forms for room reservations were enclosed in a bulletin mailed to each member last month. The completed forms should be mailed directly to the Reservation Manager, The Greenbrier, White Sulphur Springs, West Virginia.

Survey of X-Ray Machines Designed To Lower Radiation Exposure

A recent survey by the State Department of Health has demonstrated that approximately 70 per cent of the x-ray machines operated by State and local health agencies in West Virginia do not meet currently accepted standards of radiation protection.

Reporting in the weekly "State of the State's Health," Director of Health N. H. Dyer noted that the survey, which began in June, 1962, is part of a larger program designed to reduce the level of radiation exposure. "Already many of the machines found deficient have been corrected," he said, "and we hope that all will soon be brought up to the standards set by the National Committee on Radiation Protection."

Relatively Easy To Correct

The most common defects encountered were improper collimation and inadequate filtration. Doctor Dyer explained that over half of the units inspected were being used with an excessively large beam size while 48 per cent had less than the recommended filtration. "Fortunately, these are deficiencies which are relatively easy to correct without affecting the quality of the x-ray."

He said the problem appears to agree very closely with the problems of other states which have conducted similar investigations. "This high percentage of noncompliance is to be expected because of the great change in the philosophy of radiation in the past few years. Standards which were acceptable ten years ago are outmoded today—but in many cases, they are still in use."

"Although the machines checked in this study are operated by State and local government agencies, it is probable that approximately the same situation exists in privately owned x-ray installation," Doctor Dyer continued. "We hope that physicians and dentists will become aware of the problem and will cooperate with the Health Department in measures to combat it."

Century of Achievements Reviewed

In another issue of the "State of the State's Health," the first publication of the Centennial Year, a century of achievements in public health was reviewed for West Virginians and their tourist visitors. Doctor Dyer used typhoid fever as an example of "how we have conquered many of our health menaces of yesteryear."

Typhoid fever was a concern of the first State Board of Health meeting in 1881 as it was then "one of the four greatest factors of mortality," along with "consumption," scarlet fever and diphtheria. In 1910, a "year of normal typhoid experience," and despite poor reporting, over 7,000 cases were registered with 700 deaths These figures were twice the United States average at that time. One town reported that ten per cent of its citizens had typhoid during the year, and in 1916, almost 300 people died from typhoid fever in a three-month period.

Gradually the problem began to narrow to the mining areas where people lived in close proximity and outside toilets predominated. The death rate, 12.1 in 1930, was down to 1.9 in 1940 while the 1,243 cases of 1930 diminished to 68 in 1950. "There were only five cases of typhoid fever reported in West Virginia in 1962," Doctor Dyer concluded. "We have not really won a battle, but we do have a good defense—and like all defensive measures, vigilance and improved tactics are our constant concerns."

Solitude is as needful to the imagination as society is wholesome for the character.—James Russell Lowell.

Dr. L. J. Pace of Princeton, President of the State Medical Association, was the guest speaker at a joint dinner meeting of the Parkersburg Academy of Medicine and the Woman's Auxiliary in Parkersburg on Thursday evening, January 10. Shown in the front row, left to right, Mrs. Robert M. Biddle of Parkersburg; Mrs. Lawrence R. Leeson of Parkersburg, president of the Woman's Auxiliary; Mrs. L. J. Pace; Mrs. Charles L. Goodhand of Parkersburg; and Mrs. Howard G. Weiler of Wheeling, president of the Woman's Auxiliary to the State Medical Association. Back row, left to right, Dr. Robert M. Biddle, president of the Parkersburg Academy of Medicine; Doctor Pace; Dr. Charles L. Goodhand, president elect of the State Medical Association; and Dr. Lawrence R. Leeson. (Photo courtesy of the Parkersburg News).

Health Sciences Reporting Symposium Draws Newsmen From Three States

The following report of the Symposium on Health Sciences Reporting held in Morgantown, November 9-10, was prepared by Mr. Howard Lewis, Administrative Assistant to the Vice President, West Virginia University Medical Center:

Public understanding of health sciences, in a day when emphasis is on science and medicine, depends largely upon the following:

(1) Trained men and women for interpretation—reporters for the press, radio and TV.

(2) Better working relationships between physicians and scientists who make the news and those who write and broadcast it.

Dr. Frank D. O'Connell, right, associate professor of pharmacognosy, explains to participants in a Symposium on Health Sciences Reporting at the West Virginia University Medical Center how drugs are screened for possible use as pharmaceuticals. The conferees, left to right: Mr. Joe Sigler of the Charleston Daily Mail; Dr. Guy Stewart, associate professor of journalism at WVU; Miss Jane Stafford of the National Institutes of Health; and Mr. Earl Ubell, science editor of the New York Herald Tribune.

(3) Each understanding the other's problems and philosophy and perhaps a few changes by both.

Newsmen From Three States

These summary thoughts were left with members of the news media from West Virginia, Maryland and Pennsylvania who attended a Symposium on Health Sciences Reporting held recently at the West Virginia University Medical Center in Morgantown.

In the sessions, financed by a National Science Foundation grant for better understanding of science news, conferees were given an introduction to the health sciences. But much of the discussion centered on the need for better physician and scientist relations with reporters. The Symposium was sponsored by the Medical Center and WVU School of Journalism and active participants included four of the nation's top science writers, a federal government official and the Journalism and Medical Center staffs.

Calls For New Approaches

Earl Ubell, science editor of the New York Herald Tribune, called for new approaches to writing the health sciences story. He said the traditional "summary" lead used in pyramid-type stories by newspapers and wire services tells the reader that only the first few paragraphs are important—you can forget the rest.

Miss Jane Stafford, chief of the scientific reports section, Office of Research Information, National Institutes of Health, noted that: "In the early days, a health science reporter "was likely to be shown the door if he tried to interview a surgeon or another health scientist."

The public has a right to know about science and medical news, she said, just as it has the right to know foreign policy and domestic news. "The public has also become more and more demanding of the health benefits of science. More than this, our better informed public has been increasingly willing to pay for the research from which health advances come."

Better Health, Welfare Ultimate Goal

Health sciences news from the viewpoint of a medical educator and practitioner, prompted these opinions from Dr. Bernard Zimmermann, Professor and Chairman of the Department of Surgery at the WVU School of Medicine.

It is inconceivable that the physician and scientist would not want to make their findings available to the public. After all, Doctor Zimmermann said, the ultimate goal of their work is better health and welfare for all persons. Historically, he traced disclosures of scientific information to the days of Vesalius who, in 1555, held public demonstrations of the complete separateness of chambers of the heart—which were attended by the man on the street.

Doctor Zimmermann said it is entirely reasonable that a patron should wish to advertise the accomplishments of the individual he supports, "whether he be a King, a private individual, a foundation, or the federal government."

Warns Against Misinterpretation

Pointing out the extraordinary responsibility of the health sciences reporter, Doctor Zimmermann warned against interpretating a small amount of progress as a "cure." Misinterpretation is not always the reporter's fault, he said, but in many cases comes from the headline on a story. Implications of a "new cure" story, he continued, raises the hopes of sufferers who can't be helped—sufferers and their relatives who flood the physician and scientist with letters. "This practice is thoughtless and cruel," Doctor Zimmermann said. "I think it can be eliminated by cooperative effort on the part of doctors and news writers."

Other participants in the two-day program were John Troan of Washington, D. C., science editor for the Scripps-Howard News Alliance; Miss Mildred Spencer, science writer for the Buffalo, New York, Evening News; Arthur J. Snider, science writer for the Chicago Daily News; Dr. Kenneth E. Penrod, vice president of the University and director of the Medical Center; and Dr. Margaret J. Albrink, associate professor of medicine at the WVU School of Medicine.

Speakers Named for Oph. and Otol. Meeting at The Greenbrier

The 16th annual meeting of the West Virginia Academy of Ophthalmology and Otolaryngology will be held at The Greenbrier in White Sulphur Springs, April 17-20.

The committee in charge of arrangements has announced that six prominent physicians have accepted invitations to appear as guest speakers. Two of the speakers, Drs. William F. House and E. W. Johnson, are from Los Angeles, California.

The other speakers will be Drs. Frank B. Walsh and Harrell Pierce, both of Baltimore, Byron Smith of New York City, and G. S. Fitz-Hugh of Charlottesville.

Additional information concerning the meeting may be obtained by writing the secretary, Dr. Worthy W. McKinney, Professional Park, Beckley, West Virginia.

Conference on Radiology

A postgraduate conference on "Recent Advances in Radiology" will be presented on February 15 at the University of Virginia School of Medicine in Charlottesville, Virginia.

Guest lecturers will be Navy Captain F. W. Chambers, Jr., Deputy Director of the Armed Forces Radiobiology Research Institute in Washington, D. C., and Dr. Walter T. Murphy, Director of Therapeutic Radiology at Roswell Park Memorial Institute in Buffalo, New York.

The registration fee is $20 and further information may be obtained by writing to Postgraduate Conferences, Box 329, University of Virginia Hospital, Charlottesville, Virginia.

Medical Meetings, 1963

The following is a partial list of national, state and district medical meetings scheduled for 1963:

Mar. 11-14—ACS Sectional Meeting, Pittsburgh.
Apr. 17-20—W. Va. Acad. Oph. and Otol., White Sulphur Springs.
May 1-3—W. Va. PH Association, Charleston.
May 3-4—W. Va. Soc. Med. Technologists, Clarksburg.
May 13-15—National TB Assn., Denver.
May 24-26—W. Va. Chapter AAGP, Charleston.
June 16-20—AMA Annual Meeting, Atlantic City.
Aug. 22-24—W. Va. State Medical Association, The Greenbrier, White Sulphur Springs.
Oct. 9-11—W. Va. Hospital Association, Wheeling.
Oct. 10-12—AMA School Conference, Chicago.
Oct. 25-27—Annual PG Institute, Martinsburg.
Oct. 27-31—ACS Clinical Congress, San Francisco.
Nov. 18-21—Southern Medical, New Orleans, La.
Dec. 1-4—AMA Clinical Meeting, Portland, Ore.

When schemes are laid in advance, it is surprising how often the circumstances fit in with them.—Sir William Osler.

Dr. Mildred Mitchell-Bateman Named State Mental Health Director

Dr. Mildred Mitchell-Bateman, who had served in an acting capacity since last July 24, was named recently by Governor W. W. Barron as Director of the West Virginia Department of Mental Health. Doctor Bateman succeeds the late Dr. Charles A. Zeller, who died on June 16 while attending a meeting in Williamsburg, Virginia. She is the second woman to serve as head of the department. Dr. Margaret T. Ross of Charleston formerly served as acting director.

Doctor Bateman

A graduate of Johnson C. Smith University, she received her M. D. degree in 1946 from the Woman's Medical College of Pennsylvania. She interned at Harlem Hospital in New York City, 1946-47, and entered practice in 1947. She served as Clinical Director at Lakin State Hospital, 1951-52, and 1955-58.

She completed a three-year residency and fellowship in 1955 at the Menninger School of Psychiatry in Topeka, Kansas. In 1957, she was certified by the American Board of Psychiatry and Neurology and in June, 1958, became acting superintendent at Lakin State Hospital. She was later named superintendent and joined the staff of the Department of Mental Health in August, 1960.

PG Course on the Adolescent

A postgraduate course on "The Medical Care of the Adolescent," sponsored by Harvard Medical School, will be held at the Children's Hospital Medical Center in Boston, April 29-May 3.

The course will be under the direction of Dr. J. Roswell Gallagher and the staff of the Adolescent Unit. The intensive course of instruction is designed to cover the diagnosis and treatment of many disorders common in adolescents.

Tuition for the course is $150 and application should be made to the Assistant Dean, Harvard Medical School, Boston 15, Massachusetts.

Graduate Assembly in New Orleans

The 26th annual meeting of the New Orleans Graduate Medical Assembly will be held at the Roosevelt Hotel in New Orleans, March 4-7. A two-week clinical tour of Mexico will follow the meeting.

The registration fee is $20 and the course is acceptable for 29 hours of Class I Credit by the American Academy of General Practice. Further information may be obtained by writing Dr. Mannie D. Paine, Jr., Secretary, New Orleans Graduate Medical Assembly, 1430 Tulane Avenue, New Orleans 12, Louisiana.

State Department of Health Obtains Mobile Examination Clinic

The State Department of Health has obtained a Mobile Medical Examination Clinic so that it might meet an increasing need for medical services for mothers and children in the depressed and more remote areas of West Virginia.

Dr. N. H. Dyer, State Director of Health, and Dr. Jane Freeman, Director of Maternal and Child Health, stand at the entrance to the new Mobile Medical Examination Clinic recently obtained by the State agency. The $23,000 unit was purchased with funds allocated by the United States Children's Bureau.

Dr. N. H. Dyer, State Director of Health, said projects utilizing the custom-built, bus-type vehicle would provide the following:

"The enhancement of health education to the general public; cooperative endeavors of official and voluntary agencies and civic groups concerned with the health and general welfare of the populace; serve as a teaching project for public health and allied professional personnel; and serve as a means for collecting statistical data which may be used in considering the expansion of current programs and also as a basis for institution of new programs."

The mobile unit, purchased at a cost of $23,000 with funds allocated by the United States Children's Bureau, includes a complete examination room, reception room, a laboratory area with refrigerator and autoclave and a combination washroom-toilet. It is completely self-contained and can operate either from local power and water supply or from its own gasoline-operated electric generator and water system.

Dr. Jane Freeman, Director of Maternal and Child Health, said the State Department of Health would continue to work cooperatively with private physicians and local health departments in the same format as in the past, depending upon them to assist with clinic sessions and to provide follow-up care.

Dr. A. C. Esposito Elected Member Of Oxford Oph. Council

Dr. Albert C. Esposito of Huntington has been elected to active membership in the Oxford Ophthalmological Council of Oxford, England.

A paper by Doctor Esposito entitled, "The Esposito Erisophake and Cataract Extraction," was published in the current issue of the British Journal of Ophthalmology. The paper describes the instrument Doctor Esposito presented and has been using since 1950 in the surgery of cataracts, together with his technique with same.

Dr. Esposito, who is Vice President of the West Virginia State Medical Association, was recently named Chairman-Elect of the Section on Ophthalmology and Otolaryngology of the Southern Medical Association. He also serves as Councillor to the Association from West Virginia.

Seminar on Premature Care

A seminar on "Premature Care" will be held at the Good Samaritan Hospital in Cincinnati on April 4. The program will include topics such as resuscitation of the newborn, current concepts as to the etiology and treatment of respiratory distress syndromes, and the diagnosis and treatment of infections of the premature infant.

There is no registration fee for the one-day meeting. Further information may be obtained by writing Dr. Donald J. Frank, Chairman, Premature Seminar, Good Samaritan Hospital, Cincinnati, Ohio.

Keep your eyes open to your mercies. The man who forgets to be thankful has fallen asleep in life.—Robert L. Stevenson.

Another $500 Contribution To Scholarship Fund

Mr. Harry H. Carnahan, President of The Medical Arts Supply Company in Huntington, has made a contribution of $500 to The Charles Lively Memorial Scholarship Fund of the West Virginia State Medical Association. This is the fifth consecutive year that Mr. Carnahan has contributed the sum of $500 to the Scholarship Fund.

Under the program, six students already have been awarded scholarships of $1,000 per year each to the West Virginia University School of Medicine. They are Dr. Larry Hemmings of Charleston, who received his M. D. degree last June; Terry Tallman of Alma, Tyler County, a senior; Glen Buchanan of Gilbert, Mingo County, a junior; Clare Edman of Parkersburg, a sophomore; and Paul Brooks of Sissonville and Paul E. Lanham of Charleston, members of the first-year class.

Dr. J. P. McMullen of Wellsburg is Chairman of the Association's Committee on Medical Education, Hospitals and Scholarships.

96TH ANNUAL MEETING

of the

West Virginia State Medical Association

The Greenbrier

AUGUST 22-24, 1963

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WVU Medical Center
—News—

KANAWHA and Monongalia counties lead in the number of students enrolled in the West Virginia University School of Medicine with 22 and 21, respectively. Dean Clark K. Sleeth said 40 of West Virginia's 55 counties are represented among the 186 State students in the School of Medicine. Those counties not represented are Clay, Doddridge, Gilmer, Jackson, Monroe, Morgan, Pleasants, Putnam, Randolph, Ritchie, Summers, Tucker, Webster, Wetzel and Wirt.

Cabell and Marion counties each have 15 students enrolled in the School of Medicine and Harrison County 11 to complete the top five. Other counties and their enrollments follow:

McDowell 7; Logan, Mercer, Ohio, Raleigh and Wood, 6 each; Hancock and Jefferson, 5 each; Mingo, Nicholas and Preston, 4 each; Barbour, Boone, Brooke, Fayette, Marshall, Mineral and Tyler, 2 each; Berkeley, Greenbrier, Lewis, Wayne and Wyoming, 2 each; Braxton, Calhoun, Grant, Hampshire, Hardy, Lincoln, Mason, Pendleton, Pocahontas, Roane, Taylor and Upshur, 1 each.

24 Receive Board of Governors Scholarships

Board of Governors scholarships have been granted to 24 students in the WVU School of Medicine for the 1962-63 academic year. The recipients are as follows:

James M. Brantley and Samuel L. Henson of St. Albans; Donald R. Swartz, Morgantown; David M. Bear, Fairmont; Paul M. Chikos, Jr., Logan; Edward Thompson, Williamson; Jack Pushkin, Charleston; David R. Hobbs, Huntington; Richard D. Richmond, Beckley; Robert F. Gustke, Parkersburg; Louis A. Fabian, Monongah; Maritsa P. Cosmides, Wheeling; John Karnoupakis, Weirton; Joe W. Rhudy, Buckhannon; James W. Woodford, Philippi; Thomas O. Dotson, Summersville; Patsy B. Cipolloni, Jr., Masontown; Linda D. Lewis, Beech Bottom; Lowell T. Mouser, Minnehaha Springs; Sally L. Taylor, Alloy; John L. Fullmer, Reedsville, Pennsylvania; Harvey D. Reisenweber, Baltimore, Maryland; Norman P. Silvers, Forest Hills, New York; and Richard H. Garretson, Fort Myers, Florida.

Chair of Pulmonary Diseases Continued

The West Virginia Tuberculosis and Health Association will continue its Chair of Pulmonary Diseases at the WVU School of Medicine for another year.

Dr. John J. Lawless of Morgantown, president of the association, said Dr. Charles E. Andrews, associate professor of medicine, would occupy the chair for the third consecutive year.

- **Compiled from material furnished by Howard Lewis, Administrative Assistant to the Vice President, West Virginia University Medical Center, Morgantown, West Virginia.**

Residency Program in Pathology Approved

The WVU School of Medicine has received approval of a four-year residency program in anatomic pathology and clinical pathology from the American Board of Pathology and the AMA Council on Medical Education and Hospitals. It is under the direction of Dr. Wilhelm S. Albrink, Professor and Chairman of Pathology.

Residency programs previously were approved in surgery, internal medicine, pediatrics, obstetrics and gynecology, anesthesiology, neurosurgery and orthopedics.

Loan Fund Established

Two gifts totaling $1,100 have brought about the establishment of a new loan fund for students attending the WVU School of Medicine.

Dr. Marshall Metzgar of Stroudsburg, Pennsylvania, who attended the two-year School of Medicine at the University, gave $600 and Mr. and Mrs. Lloyd G. Fowler of Morgantown $500 to set up the fund which is administered by the University Foundation.

Dean Clark K. Sleeth, pointing out the need for similar gifts, said that about three-fourths of the 206 students now enrolled at the School of Medicine will need some financial aid during their four years of education. He said loans now are made to WVU medical students from nine different funds and no interest is charged until two years following graduation.

Microbiologist Receives NIH Grant

Dr. John E. Hall, a microbiologist at the WVU Medical Center, has received a $54,723 four-year grant from the National Institutes of Health for continuation of his basic research into "host-parasite interrelationships."

Doctor Hall's hosts are aquatic insects, usually stonefly or mayfly nymphs and mosquito larvae collected from streams in northern West Virginia. His research goal is to acquire a better understanding of the processes of infection of anthropods by larval trematodes.

A native of Meadville, Pennsylvania, Doctor Hall received his Ph. D. degree in 1958 from Purdue University, the same year he accepted an appointment at the WVU Medical Center. He has been the senior author of five published reports on his work.

Put your low-back patient back on the payroll

Soma relieves stiffness —stops pain, too

YOUR CONCERN: Rapid relief from pain for your patient. Get him back to his normal activity, *fast!*

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This was demonstrated by Kestler in a controlled study: average time for full recovery was 11.5 days with Soma, 41 days without Soma. (J.A.M.A. **172**:2039, April 30, 1960.)

Soma is notably safe. Side effects are rare. Drowsiness may occur, but usually only in higher dosages. Soma is available in 350 mg. tablets.
USUAL DOSAGE: 1 TABLET Q.I.D.

The muscle relaxant with an independent pain-relieving action

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(carisoprodol, Wallace)

Wallace Laboratories, Cranbury, New Jersey

The Month in Washington

THE federal government appreciably increased its controls over the clinical testing of new drugs, including antibiotics, with new regulations effective February 7. The new regulations of the Food and Drug Administration require that the FDA be put on notice and given full details about the distribution of drugs for investigational use; that clinical investigations be based on adequate studies on animals, and that the clinical tests be properly planned, executed by qualified investigators, and that the investigators and the FDA be kept fully informed of the adverse findings of other investigators during the progress of the investigations.

If an investigation develops evidence that the drug is not safe or is ineffective, the FDA said it will order discontinuance of clinical tests. The old regulations did not require either an initial notice to FDA of a clinical trial of a new drug or subsequent reports on such use.

Numerous Modifications

Before they were announced in their final form, numerous modifications were made in the version published on August 10, 1962, as proposed regulations. More than 300 written comments on the proposed regulations were received by the FDA. In addition, FDA officials met with representatives of the AMA and various other interested scientific groups.

But the FDA did not make all the changes urged by the scientific groups. The Pharmaceutical Manufacturers Association credited the Department of Health, Education and Welfare and the FDA with modifying the regulations as originally proposed sufficiently that "most of the major difficulties found by reputable medical scientists" had been resolved.

But the PMA said "the burden of paperwork imposed by the new regulations is enormous."

"The success of the department meeting its stated goals will of course depend in large part on the wisdom of administration of these regulations," the PMA said. "It is hoped that remaining troublesome problems may be resolved in the near future by appropriate amendments."

One modification was designed to permit some flexibility in the planning of the investigation of the safety and effectiveness of a new drug. Another modification cut down on the record-keeping requirements.

To meet criticisms that the regulations as originally proposed would impinge upon the physician-patient relationship by calling for inspection of the clinical records, the FDA said:

• **From the Washington Office of the American Medical Association.**

Inspection of Patient's Records

"The provisions for inspection of the patient's records have been modified to make it clear that the investigator may withhold the names of volunteers or patients unless the records of a particular volunteer or patient require a more detailed study of drug effects, or unless there is reason to believe that the records do not represent actual results obtained.

". . . if the record has been sent to the sponsor by the investigator, there is no confidentiality, and the record is to be made available by the sponsor for inspection by a properly authorized employee of the Department of Health, Education and Welfare. Where the record has not been sent to the sponsor, the investigator is required to maintain it and make it available upon request of a scientifically trained and specially authorized employee of the Department."

The proposed regulations dealing with publication of findings of investigators were construed by some as restricting free flow of scientific information. But the FDA said the regulations were "not intended to bar factual news reporting to scientists or the public."

The proposed regulations also were said to deny extremely important new drugs, not yet approved for general distribution, to patients who might need them urgently as a life-saving measure. The FDA denied this, saying "there is no bar in the regulations to giving the necessary instructions to and obtaining the necessary commitments from a new investigator by telephone in case this is needed to save a life."

Pending further consideration, new radioactive drugs were exempted from the new regulations if they are shipped in accordance with current regulations of the Atomic Energy Commission.

Strong Controls

FDA Commissioner George P. Larrick said that the regulations as issued provide strong and necessary controls over the investigational use of new drugs and meet all of the new provisions in the Kefauver-Harris Amendments of 1962, including assurance that patient consent to the use of investigational drugs be obtained by the investigators, unless in their professional judgment this is not feasible or is contrary to the patient's best interest.

they never even had a chance to complain about the cost of drugs

Walk through any older cemetery, and you will find the same ugly story repeated many times. Died, age 30 years . . . died, age 8 years . . . died, age 6 months.

Sometimes, you will see evidence of entire families being struck down almost simultaneously. You wonder, was it influenza? Diphtheria? Infectious diarrhea? Or a host of other diseases whose very names were synonymous with terror?
You will see, "Died, age 22 – childbirth."

There are many reasons why you don't see a continuation of these tragic stories today – not the least of which has been the dedication of American physicians and the quality of medical education. And another, we sincerely believe, has been the quality of medicines which have been made available.

Yet, the value of independent drug research has been seriously challenged – research which has, in the past 30 years alone, helped to add nearly 10 extra years to the average lifespan in the United States. Yet, because the cost of the search must be reflected in the price the patient pays for a prescription, is it too expensive to continue? Unfortunately, perhaps those who might have the best answer can offer only silent testimony.

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Obituaries

ORIE ODEN BENNETT, M. D.

Dr. Orie Oden Bennett, 91, of Buckhannon, died on January 1 at a hospital in that city.

Doctor Bennett, who had practiced for 60 years in Webster and Upshur Counties before his retirement in 1958, was born at Leivasy, Nicholas County, on August 1, 1871, son of Jacob H. and Jane Nichols Bennett. He attended the public schools in Nicholas County and received his M. D. degree in 1897 from Barnes Medical College.

He was a former member of the Central West Virginia Medical Society, the West Virginia State Medical Association and the American Medical Association.

Besides his widow, he is survived by a son, Wayman S. Bennett of Buckhannon, and a daughter, Mrs. Mabel B. Radman of Toronto, Ohio.

* * * *

JOHN TAYLOR MORRISON, M. D.

Dr. John Taylor Morrison, 63, formerly of St. Albans and an administrative official of the United Mine Workers Welfare and Retirement fund, died on December 26 in Bethesda, Maryland.

Doctor Morrison was a native of Owensboro, Kentucky, and was graduated from Purdue University. He received his M. D. degree in 1927 from the University of Wisconsin Medical School, and he interned and served a residency at the Wisconsin General Hospital.

He was an official of the Commonwealth Fund in New York City for 17 years before becoming affiliated with the UMW and coming to West Virginia in 1949. He was transferred to Washington several years later where he served as deputy to the executive medical officer of the UMW Welfare and Retirement Fund and President of the Miners Memorial Hospital Association.

During World War II, Doctor Morrison served with the Medical Corps of the United States Army and was retired from the U. S. Army Reserve as a Colonel.

Doctor Morrison was a member of the American Medical Association and a former member of the Kanawha Medical Society and the West Virginia State Medical Association.

Besides his widow, he is survived by a daughter, Mrs. James Hale of Bethesda, Maryland, and a son, Dr. John T. Morrison, Jr., of Chicago, Illinois.

* * * *

BERLIN BERTHOLD NICHOLSON, M. D.

Dr. Berlin Berthold Nicholson, 69, of Parkersburg, died on December 21 at a hospital in that city.

A native of Florida, Doctor Nicholson attended the University of Virginia and received his M. D. degree in 1920 from the University of Virginia School of Medicine, where he then served two years as assistant professor of histology and embryology.

Coca-Cola, too, is compatible with a well-balanced menu. As a pure, wholesome drink, it provides a bit of quick energy..brings you back refreshed after work or play. It contributes to good health by providing a pleasurable moment's pause from the pace of a busy day.

DRINK Coca-Cola TRADE-MARK ®

He interned at the University of Virginia Hospital, 1923-24, and did postgraduate work in urology and genitourinary surgery at the Henry Ford Hospital in Detroit, Michigan, before locating in Parkersburg for the practice of his specialty in 1928.

During World War I, Doctor Nicholson served in the U. S. Army and in World War II in the Medical Corps of the United States Navy, being released in 1945 with the rank of Captain.

Doctor Nicholson was a member of the Parkersburg Academy of Medicine, West Virginia State Medical Association and the American Medical Association.

He is survived by three daughters, Mrs. June N. Baker of Cincinnati, Ohio; Mrs. G. P. Stimmel, Hialeah, Florida; and Mrs. M. E. LaVerne, Oak Ridge, Tennessee.

* * * *

BENJAMIN BIGSTAFF RADER, M. D.

Dr. Benjamin Bigstaff Rader, 61, formerly of Fairmont, died on December 22 at this home in Clarksdale, Mississippi.

Doctor Rader received his M. D. degree in 1931 from the University of Louisville School of Medicine and practiced in Fairmont and Monongah prior to World War II, during which he served in the Medical Corps of the United States Army.

He was a former member of the Marion County Medical Society and the West Virginia State Medical Association.

Besides his widow, he is survived by two sons, Benjamin B., Jr., and John H. Rader.

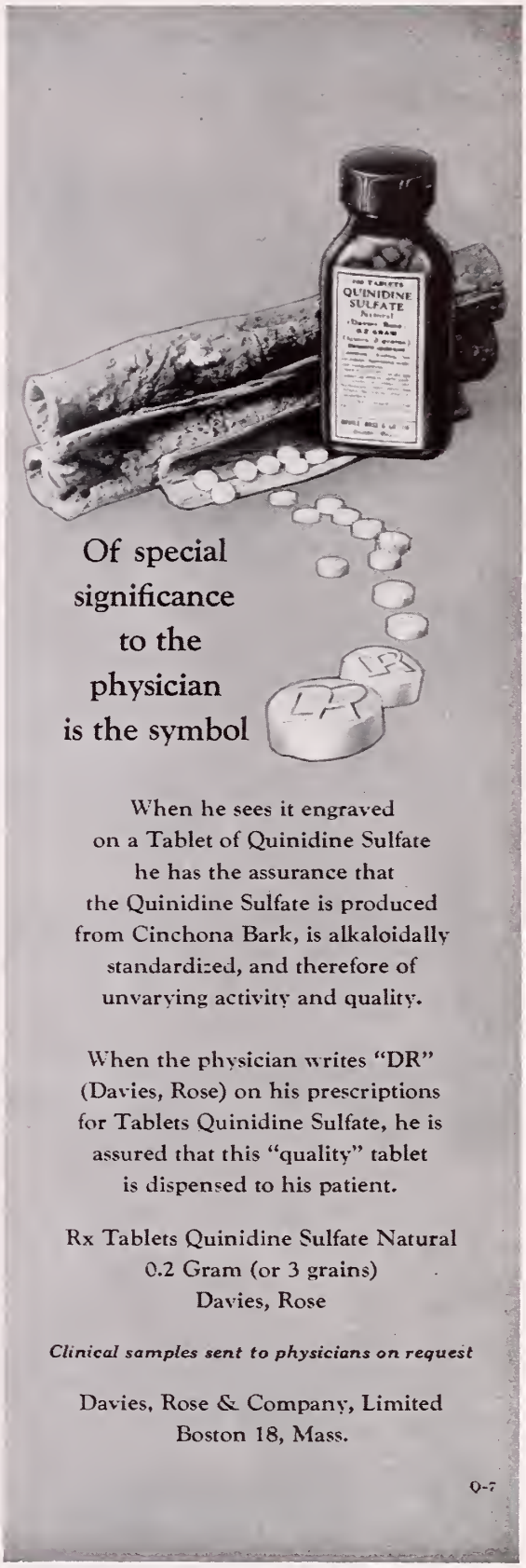
Who Buys Pirated U. S. Drugs? The Government Does

The American pharmaceutical industry spends millions of dollars every year in the research and development of new products. After these drug products have been perfected, after painstaking research, they are then patented with the U. S. Government, and thereby the manufacturers of these products have the exclusive right to manufacture and license this drug product over a period of years.

Many nations, Italy, for example, do not have patent laws pertaining to drug or pharmaceutical formulas. Now, what happens? The very formulas developed here in the United States of America, after untold effort and the expenditure of millions of dollars, are then patented with our U. S. Patent Office, and thereby the manufacturers are guaranteed the exclusive rights of manufacture. These formulas are pilfered; they are stolen; they are purchased from very dubious sources, with a complete disregard of the valid patent in existence.

The Italian drug manufacturers, for example, proceed to manufacture this product. Who is the biggest purchaser of these bootleg drugs made from pirated formulas? The U. S. Government.

We compound this lack of ethics by being the biggest purchaser of bootleg drugs.—Representative Richard L. Roudebush (R., Ind.).



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Acetophenetidin	1½ gr.
Camphor Monobromated	¼ gr.
Aspirin	2 gr.
Caffeine Citrated	¼ gr.
Atropine Sulfate	1/500 gr.

ANTIHISTAMINIC - ANALGESIC COMPOUND

For the relief of nasal symptoms of a cold, and aches and pains accompanying a cold.

Adult Dose: 1 or 2 capsules every 2 hours for 3 doses, then 1 every 3 or 4 hours. Not more than 10 capsules should be taken in any 24 hour period.

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HUNTINGTON, WEST VIRGINIA

County Societies

CABELL

The annual dinner-dance of the Cabell County Medical Society was held at the Hotel Frederick in Huntington on December 1. The dance was preceded by a social hour and buffet dinner.

The honor guests were Dr. and Mrs. L. J. Pace of Princeton and Dr. and Mrs. Clark K. Sleeth of Morgantown. Doctor Pace is President of the State Medical Association and Doctor Sleeth is Dean of the WVU School of Medicine.

Dr. Joseph M. Farrell was in charge of arrangements and entertainment was provided by a local dancing group.

Dr. Jack Leckie of Huntington was installed as president of the Cabell County Medical Society at the regular monthly meeting which was held at the Hotel Frederick in Huntington on January 10. He succeeds Dr. James A. Heckman, also of Huntington.

Doctor Heckman, who was presented with a plaque in appreciation for his service, thanked the members of his committees for their fine work during the past year. He stressed the need for better attendance and active participation in the affairs of the Society.

Doctor Leckie named Dr. Bruce H. Pollock of Huntington as chairman of a Cabell-Wayne County mass immunization program against poliomyelitis through the use of Sabin Oral Vaccine. Doctor Pollock said tentative dates for the immunizations were March 1, April 14 and May 26.

Forty-seven members attended the meeting and Dr. Juan Carlos Ghersi of Huntington was unanimously elected to membership in the Society.—W. L. Neal, M. D., Secretary.

* * * *

EASTERN PANHANDLE

Dr. N. B. Groves of Martinsburg was reelected president of the Eastern Panhandle Medical Society at the December meeting held in Martinsburg.

Dr. E. Walter Rice of Martinsburg was named vice president, Dr. J. L. Van Metre of Charles Town, second vice president, and Dr. F. A. Hamilton, Jr., of Martinsburg, secretary-treasurer. Dr. E. Andrew Zepp of Martinsburg was named to the Board of Censors.

Doctor Hamilton presented a report on the AMA-ERF program which is now in its second year of operation. He said that in the first six months of the program, 3,318 students, residents and interns borrowed more than $6 million from the fund.

* * * *

HARRISON

Dr. Marcus E. Farrell of Clarksburg was the speaker at the regular monthly meeting of the Harrison County Medical Society which was held at the Stonewall Jackson Hotel in Clarksburg on January 3.

Doctor Farrell presented an interesting paper on "Bacterial Meningitis," and he discussed the disease in all age groups and the methods of diagnosis and most recent types of treatment.

Dr. Andrew J. Weaver of Clarksburg, the president, presided at the business meeting. Dr. George F. Evans of Clarksburg, the program chairman, introduced Doctor Farrell.

* * * *

MASON

Dr. C. Leonard Brown of Point Pleasant was elected president of the Mason County Medical Society at the regular monthly meeting which was held in Point Pleasant on December 10. He succeeds Dr. Don F. Hatten of Point Pleasant.

Dr. Rhodes W. Quisenberry of Point Pleasant was named secretary-treasurer, succeeding Dr. J. Berrye Worsham, Jr., also of Point Pleasant.

* * * *

MERCER

The annual Christmas Banquet of the Mercer County Medical Society was held at the Bluefield Country Club in that city on December 19. The wives were guests of the members and were welcomed by Dr. Joe E. McCary, the president, following a social hour and dinner.

During the business meeting, Dr. James E. McGee, Jr., of Bluefield, was named president of the Society for the coming year. Dr. John J. Mahood was named vice president and Dr. J. Brookins Taylor, secretary-treasurer.

There was considerable discussion concerning two legislative proposals which would (1) liberalize requirements for licensure to practice medicine in West Virginia and (2) permit the organization and operation of voluntary and non-profit, pre-paid medical care programs under control of lay, non-medical corporate boards.

Drs. W. E. Copenhaver, J. Brookins Taylor and J. Elliott Blaydes were in charge of arrangements for the banquet.—John J. Mahood, M. D., Secretary.

* * * *

PARKERSBURG ACADEMY

Dr. L. J. Pace of Princeton was the guest speaker at a joint dinner meeting of the Parkersburg Academy of Medicine and the Woman's Auxiliary which was held at the Chancellor Hotel in Parkersburg on January 10.

Doctor Pace, who is President of the State Medical Association, presented an interesting talk on legislation which will come before the 56th West Virginia Legislature. He also discussed the Charles Lively Memorial Scholarship Fund.

Another honor guest was Mrs. Howard G. Weiler of Wheeling, president of the Woman's Auxiliary to the State Medical Association.

A social hour preceded the dinner meeting and entertainment was provided by students from Parkersburg High School.

OFFICERS OF COMPONENT SOCIETIES

Society	President		Secretary		Meetings
Barbour-Randolph-Tucker	Raymond W. Cronlund	Philippi	A. Kyle Bush	Philippi	3rd Thurs.
Boone	W. V. Wilkerson	Whitesville	Harold H. Howell	Madison	2nd Wed.
Brooke	James E. Wise	Follansbee	H. L. Hegner	Wellsburg	
Cabell	Jack Leckie	Huntington	W. L. Neal	Huntington	2nd Thurs.
Central West Virginia	Elden H. Pertz	Weston	R. L. Chamberlain	Buckhannon	As Scheduled
Eastern Panhandle	N. B. Groves	Martinsburg	F. A. Hamilton, Jr.	Martinsburg	2nd Wed.
Fayette	Joe N. Jarrett	Oak Hill	Dora A. Blake	Oak Hill	1st Wed.
Greenbrier Valley	E. L. Crumpacker	White Sul. Spgs.	Robert G. Shirey	Lewisburg	2nd Wed.
Hancock	Irwin M. Bogarad	Weirton	David H. Williams	Weirton	2nd Tues.
Harrison	Andrew J. Weaver	Clarksburg	Richard K. Hanifan	Clarksburg	1st Thurs.
Kanawha	Kenneth G. MacDonald	Charleston	William E. Lawton, Jr.	Charleston	2nd Tues.
Logan	Thomas P. Long	Man	Lyle A. Boyea	Man	2nd Wed.
Marion	C. S. Lawson, Jr.	Fairmont	G. Thomas Evans	Fairmont	Last Tues.
Marshall	Kenneth J. Allen	Moundsville	J. W. Myers	Moundsville	Semi-Ann.
Mason	C. Leonard Brown	Pt. Pleasant	Rhodes Quisenberry	Pt. Pleasant	Bi-Monthly
McDowell	Dante Castrodale	Welch	J. Hunter Smith	Welch	2nd Wed.
Mercer	James E. McGee	Bluefield	J. Brookins Taylor	Bluefield	3rd Mon.
Mingo	J. C. Lawson	Williamson	Russell A. Salton	Williamson	2nd Wed.
Monongalia	C. A. Logue	Morgantown	George A. Curry	Morgantown	1st Tues.
Ohio	Charles H. Hiles	Wheeling	H. G. Dickie, Jr.	Wheeling	4th Tues.
Parkersburg Academy	Robert M. Biddle	Parkersburg	F. P. Greene	Parkersburg	1st Thurs.
Potomac Valley	Lysle T. Veach	Petersburg	Robert W. McCoy, Jr.	Keyser	2nd Wed
Preston	F. A. Kennedy	Hopemont	C. Y. Moser	Kingwood	4th Thurs.
Raleigh	Preston C. Davis	Beckley	Warren D. Elliott	Beckley	3rd Thurs.
Summers	A. W. Holmes	Hinton	J. W. Stokes	Hinton	3rd Mon.
Taylor	K. H. Trippett	Grafton	Paul P. Warden	Grafton	Last Thurs.
Wetzel	Lemoyne Coffield	New Martinsville	Charles P. Watson	New Martinsville	Monthly
Wyoming	George F. Fordham	Mullens	Ross E. Newman	Mullens	Quarterly

PRESTON

The regular monthly meeting of the Preston County Medical Society was held on December 27 at the home of Dr. and Mrs. C. Y. Moser in Kingwood.

Sixteen members and guests attended a covered dish dinner which preceded the meeting.

* * * *

WYOMING

Members of the Wyoming County Bar Association and their wives were guests at a dinner meeting of the Wyoming County Medical Society held at the Cow Shed in Pineville on January 6.

Mr. James W. Hampton of Charleston, area coordinator for the State Department of Civil and Defense Mobilization, was the guest speaker. He discussed the necessity of maintaining a Civil Defense organization, both for the individual and for organized society to survive in the event of an atomic attack.

Mr. J. Paul England of Pineville, a member of the House of Delegates, also discussed briefly with the group proposed legislation that was of interest to the medical profession. He stressed the need for adequate medical care, but emphasized that he was opposed to lowering its standards in any way.

Things cannot always go your way. Learn to accept in silence the minor aggravations, cultivate taciturnity and consume your own smoke with an extra draught of hard work, so that those about you may not be annoyed with the dust and soot of your complaints.—Sir William Osler.

Woman's Auxiliary

to the

WEST VIRGINIA STATE MEDICAL ASSOCIATION

President: Mrs. Howard G. Weiler, Wheeling
President Elect: Mrs. Pat A. Tuckwiller, Charleston
First Vice President: Mrs. L. Dale Simmons, Clarksburg
Second Vice President: Mrs. A. J. Villani, Welch
Third Vice President: Mrs. Andrew J. Weaver, Clarksburg
Fourth Vice President: Mrs. W. V. Wilkerson, Whitesville
Treasurer: Mrs. Grover C. Hedrick, Jr., Beckley
Recording Secretary: Mrs. J. A. B. Holt, Charleston
Corresponding Secretary: Mrs. C. J. Holley, Wheeling
Parliamentarian: Mrs. J. E. Spargo, Jr., Wheeling

CABELL

The Woman's Auxiliary to the Cabell County Medical Society held its regular monthly meeting at the Appalachian Power Company auditorium in Huntington on December 11.

Mrs. Wilson P. Smith of Huntington, the president, presided at the business meeting which followed a Christmas workshop conducted by Mrs. W. A. Crissmore of Huntington.

* * * *

HARRISON

Mrs. E. Ross Allen and Mrs. Phillip W. Hall, both of Clarksburg, were hostesses at the regular monthly meeting of the Woman's Auxiliary to the Harrison

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County Medical Society at the Stonewall Jackson Hotel in Clarksburg on December 6.

Mrs. R. T. Humphries of Clarksburg, chairman of the hospital aid committee, displayed toys which were given to the pediatrics department of the two Clarksburg hospitals.

Mrs. Charles S. Harrison of Clarksburg, the president, presided at the business meeting and entertainment was furnished by the Towers School choir.

The regular monthly meeting of the Woman's Auxiliary to the Harrison County Medical Society was held at the Stonewall Jackson Hotel in Clarksburg on January 3.

Mrs. Charles S. Harrison of Clarksburg, the President, greeted the 35 members and guests who attended the program which was based on Community Service. Mrs. Richard V. Lynch, Jr., was program chairman.

Mrs. Lynch introduced the speakers, Mrs. Robert Ziegler and Mrs. Burlyn D. Maxwell, both of Clarksburg, and who serve as chairmen of Volunteer Service at Union Protestant and St. Mary's Hospitals. They explained the various services which their groups perform at the two hospitals.

* * * *

MERCER

Mrs. William A. Thornhill, Jr., of Charleston was the guest speaker at the regular monthly meeting of the Woman's Auxiliary to the Mercer County Medical Society at the Elks Country Club in Princeton on November 19.

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Speaking on Civil Defense, Mrs. Thornhill discussed "The Bombing of St. Louis—One Year After," a fictional report based on expert testimony telling what conditions would be after 17 major cities in the United States had been devastated with hydrogen bombs.

Mrs. Frederic C. Goodall of Princeton, the president, presided at the business meeting at which time the Future Nurse's scholarship fund was discussed.

* * * *

MONONGALIA

A dinner meeting of the Woman's Auxiliary to the Monongalia County Medical Society was held in December at the Morgantown Golf and Country Club.

Mrs. Velma Miller discussed ideas for Christmas and gifts were exchanged. The members also brought gifts to be used as game prizes for a party which the Auxiliary sponsored in January for residents of the Sundale Rest Home. Donations also were received to purchase toys for the West Virginia Training School at St. Marys.

Hostesses for the dinner meeting were Mesdames Lucien Strawn, Austin A. Provins, Clement A. Smith, W. Merle Warman and Byron M. Bloor.—Mrs. Walter H. Moran, Jr., Corresponding Secretary.

* * * *

WOOD

Guest day was observed by the Woman's Auxiliary to the Parkersburg Academy of Medicine at its regular monthly meeting at the Parkersburg Country Club on December 11.

Entertainment for the luncheon meeting was provided by a male quartet from the Parkersburg High School A Cappella Choir.

Mrs. L. R. Leeson of Parkersburg, the president, presided at the business meeting. Mrs. Michael A. Santer served as chairman of the hostess group which also included Mesdames Logan W. Hovis, Jack J. Stark, Richard B. Sheridan, Richard J. Lilly and Paul L. McCuskey.

Freedom in the Field of Health Care

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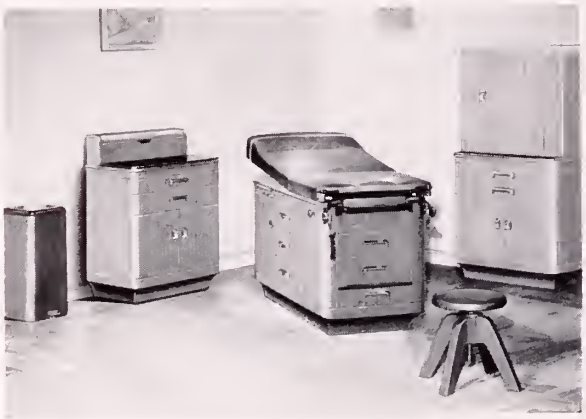

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Book Reviews

SYNOPSIS OF OBSTETRICS—By Charles E. McLennan, M. D., Professor of Obstetrics and Gynecology, Stanford University School of Medicine, Palo Alto, California. Pp. 464, with 157 illustrations. The C. V. Mosby Company, 3207 Washington Boulevard, St. Louis 3, Missouri. Sixth Edition. 1962. Price $6.75.

The author begins with ovarian and fetal physiology and follows a logical sequence of events through prenatal care, delivery and complications. Using an outline form and describing each subject with short, pithy statements, he has prepared short chapters on ovulation and fertilization, implantation and placentation, and the endocrine function in pregnancy.

The chapters on fetal development and maternal physiology are written in greater detail with good descriptions in this area. The chapter on prenatal care is too short and is inadequate. Postures of the fetus, the normal pelvis, and the clinical course of labor is adequately described and augmented by many modern illustrations of the fetus and the pelvis. The mechanism of labor in vertex presentations, the management of normal labor and the puerperium are valuable adjuncts to the student's understanding of these normal mechanisms. The only criticism is the author's use of rectal examination in the first stage, and using the vaginal examination only when the rectal fails, and using the vaginal only with surgical aseptic technique. The "clean" vaginal examination is completely ignored.

The last half of the "Synopsis" deals with the pathology of pregnancy and the complications of labor and delivery. There are excellent chapters on abortion and premature labor, abruptio placentae and placenta praevia, and the toxemias of pregnancy. Dystocia is treated in a completely lucid manner in three chapters: dystocia due to faulty uterine action, dystocia due to abnormal fetal position and development, and dystocia due to contracted pelvis.

The problems of the third stage of labor are well covered and the description of injuries to the birth

New Saunders Books

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canal is augmented with several fine drawings; puerperal infection and other puerperal complications are described in detail. Obstetric surgery includes therapeutic abortion, sterilization, induction of labor, forceps delivery and breech extraction. Version, craniotomy and embryotomy are described but, except for historical interest, these procedures are out of place in this type of book. The indications for the use of these procedures are now solved by cesarean section and the author wisely describes the low cervical incision.

This volume has a definite place in the library of the medical student, the intern and the resident. It can be used to advantage by the specialist for teaching nurses and interns. It also is a good quick reference book for the general practitioner who practices obstetrics. Because the descriptions are in short outline form and because treatment is also in a short form, the author readily refers the reader to the larger texts for more detailed descriptions, especially in some areas of treatment.

This volume fills a definite need for the medical student, the intern and the physician who practices occasional obstetrics.—Frederick H. Dobbs, M. D.

A man went to the funeral home to pay last respects to a friend, who had died while on a vacation. In front of him were two little old ladies looking down at the corpse. The one said, "Doesn't Patrick look rested?" "Yes," her friend replied, "the trip did him a world of good."—Journal of the Mississippi State Medical Association.

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The West Virginia Medical Journal

March, 1963 Vol. 59, No. 3

The Aging Process in Daily Medical Practice*

Thomas Hodge McGavack, M. D.

Aging has been described as "the inherent process (es) whereby organisms exhibit a gradual change in their psychological, chemical and physiological properties after reproductive maturity." Aging is a complex interaction with positive as well as negative values. These and similar statements scarcely are compatible with any concept which makes of aging a passive degenerative condition in which the organism or its individual components simply "wear out." On the contrary, there arises from the above concept a recognition of aging as an active dynamic and vital state capable of alteration in several ways.

From the biological point of view certain changes with time are age-dependent while others are age-independent. For example, Strehler and Mildvan[1] recently analyzed data concerning some important functions in man and found that these decreased, after the age of 30 years, as an almost straight line function of increasing age at the rate of from 0.5 to 1.3 per cent per year. Here they placed such diverse physiologic factors as basal metabolism, vital capacity, maximal breathing capacity, glomerular filtration rate, standard cell water and nerve conduction velocity, all of which are said to be age-dependent. The gradual diminution of function is our challenge to search for effective control of degrading influences. Maintaining physical and mental vigor beyond the present threescore and ten years is well within our grasp but cannot be gained without effort.

Genetic and environmental factors are difficult to appraise, and often remain as unknowns to the physician charged with the care of the individual patient. He will do well, however, to recognize four aspects of aging with which he is confronted daily in the practice both of preventive and reparative geriatrics:

(1) Failure of integration
(2) Reversible nature of some facets of aging
(3) Organ specificity of aging
(4) Impact of organ aging on the organism as a whole

The Author

- **Thomas Hodge McGavack, M. D., Associate Chief of Staff and Chief, Intermediate Service, VA Center, Martinsburg, W. Va.; Special Lecturer in Metabolic Diseases, George Washington University School of Medicine, Washington, D. C.**

Failure of Integration

In the most complex of the mammalian species, man, we must deal not only with the immediate intracellular and extracellular environments but also with means of controlling these from a distance. Two major means of more rapid communication and control exist via nerve pathways and endocrine secretions, both of which are essential to the continuing integration of the complex processes carried on by the organism as a whole. Through day to day contact with aging men and women during the past 30 years, it becomes increasingly clear to me that failure, albeit minor, in integration of the activities of all parts of the body and mind is the first clinical manifestation of aging. This may be lowered tolerance for ordinary stimulants such as coffee, tobacco and alcohol. It may be increasing aberration in skilled movements such as reversely striking the keys of a typewriter, or so simple a thing as biting the lip in chewing food, or be-

*Presented before a Postgraduate Symposium on Management of the Older Veteran Patient at the VA Center in Martinsburg on April 25, 1962.

Submitted to the Publication Committee, August 18, 1962.

coming dizzy on a sudden movement of the head, as when quickly stooping or standing. Realization that such things can occur should, to the keen physician, be sufficient indication to look for them. Their presence should forewarn him of greater danger and the direction of such danger.

Reversible Nature of Some Facets of Aging

To be forewarned by the little symptoms, just as in the vascular field the keen clinician takes heed of "little strokes," often will enable the physician to prevent further trouble, or even to correct the dysfunction already observed. Reconditioning of the older individual is indeed far from impossible.[2] Bortz[3] calls for an entire reappraisal of the physical and mental potentials of "mature older citizens in today's world." Many of the functions commonly looked upon as declining with years can be restored to a more useful level by educational redevelopment.[2, 4] Raab[5] emphasized the same point in his development of reconditioning centers for adults of all ages.

If we turn to the endocrine field (in which I have had most experience), we find many changes with age which are reversible. For example, it is now well known that estrogen can completely recornify the atrophic vaginal mucosa of the older woman. The same hormone favorably influences the reconversion of hyaline fibrous tissue of the older uterine musculature to a fibrillar cellular structure, with concomitant increase in interstitial cells, blood vessels, endometrial glands and their secretory capacity. Reciliation, revascularization and re-epithelization of the turbinated tissues of the nose of the older subject is readily accomplished through the local or systemic use of estrogen. The thin, atrophic epidermis of the older person can be thickened and made more pliable and elastic, even by the local application of ovarian hormone.[6,7,8] The atrophic thyroid gland of persons past middle life hypertrophies and increases its secretory activity to the level of that seen in younger individuals promptly following administration of thyrotropin.[9] Testosterone has been shown to increase the rate of growth of the beard of elderly individuals[10] and to improve their muscular strength, resistance to fatigue and fusion frequency of flicker.[11]

The ground substance of connective tissue increases with age in most locations, a change which can be partially reversed by the use of thyroid hormone.[12, 13]

These are a few illustrations of the reversibility of some of the changes commonly seen in aging. They represent changes in regulatory mechanisms. The desirability of altering the status of the older person by such measures must be determined in the individual case. In general, the tissues of the older subject are less amenable to the use of hormonal substances than those of the younger person, although this is not universally true.

Organ Specificity of Aging

Plant life abounds in illustrations of sharply defined aging and death of one organ while other organs and functions are retained and their status even enhanced. It is equally true, though not so patent, that in the highly complex human being, aging does not proceed equally in all parts of the body and in every organ. Moreover, some functions and some organs are well preserved despite their absolutely and relatively greater usage. For example, the heart muscle, operating at the rate of 70 beats per minute, will beat more than 100,000 times in 24 hours, more than 36,000,000 times in a single year and approximately 2,520,000,000 times in an average life span of 70 years. During that period it may show no functional sign of decompensation, whereas any other muscle subjected to the same stress would succumb within a relatively short time.

Even in a single tissue, changes commonly accompanying aging do not go on equally in the various parts of the body where such a tissue is found. For example, changes in collagen content commonly associated with aging connective tissue are more marked in the muscle of the leg of the older person than in the muscle of the abdomen.

The thymus, which has to do with establishing immunity, atrophies in late childhood, while other lymphoid tissues are well preserved.

Of the endocrine glands, earliest changes with aging are ascribed to the gonads. Next, alterations occur in the pituitary gland and in the thyroid. Quite late in life, the adrenals may be affected. These changes, far from being detrimental to the average individual, probably serve an important function in preserving the integrity of the entire organism. Many plants die promptly after flowering and fruiting; the entire strength of their whole being is utilized in the process of reproduction. In at least one species of insect, the bee, the male is destroyed in the act of copulation, which secures the survival of the hive. In the endocrine system of human beings, is it not logical that reproductive capacity is at least partially sacrificed in the interest of the preservation and maintenance of integration of the individual?

Impact of Organ Aging on the Organism as a Whole

An increase in collagen deposition is one factor in the decreasing elasticity of the skin in older animals. Loss of gonadal function around middle age and beyond always influences the activity of other members of the endocrine system, often to the detriment of their functional activity and sometimes without regard to the interests of the organism as a whole. For example, after spawning, salmon of the Pacific Northwest die as a result of pituitary-adrenal overactivity, apparently initiated by the intensity of the preceding gonadal activity.[14]

The major hormone concerned with the repair of tissue at all ages is growth hormone of the pituitary. Once adulthood is attained and growth has ceased, the secretory rate for this material is remarkably constant. Important also in the anabolism of protein are the androgenic and, to a lesser extent, the estrogenic steroids. In the male, loss of gonadal activity is accompanied by a rather dramatic decrease in androgen and in the female by a lesser change. The production of androgen and estrogen is continued by the adrenal cortex and, at least for a time, probably in amounts greater than those previously produced by that structure. If this were the only bodily change with aging, it is quite clear that the process could be completely reversed.

With waning gonadal function, the pituitary secretion of gonadotropin is temporarily increased, that of thyrotropin probably decreased and that of ACTH relatively unchanged. One endocrinologist has spoken of the adrenal as "the gonad of the aged." Certainly it is true that functions of the adrenal gland are better preserved in the aged than those of any of the other major endocrine structures.

Should decline in the function of the gonads initiate unfavorable changes in other glands or should these glands fail to respond normally to the usual changes in gonadal activity, the stage may be set for the devolpment of disease which, if not wholly endocrine in nature, may show at least an endocrine component. Among such diseases we must recognize hyperthyroidism, hypothyroidism, hypertension, diabetes (arteriosclerotic type and the Achard-Thiers snydrome), osteoporosis and perhaps other less well recognized conditions. The changes in the endocrines are not the only cause nor necessarily the chief cause of the diseases mentioned but their influence is not inconsiderable.

There is a close relation between thyroid and gonadal functions, so close indeed that overt disease discovered in one of the two glands may be expected (particularly in the female) to be associated sooner or later with conditions in the other gland which require vigorous treatment.

Routine use of endocrine preparations in older persons probably is unwise. If health is sound, however, it has been shown that mixtures of gonadal and thyroid therapy can retard and even reverse the onset of some of the changes of aging. In some cases in which these preparations are given, it may be necessary to administer adrenal hormones also, for optimal benefit. Androgenic therapy alone not only may not retard but actually hasten senescence and death. Estrogen alone may exert an over-all favorable influence on longevity in patients of either sex.

We have at our disposal, in the endocrine preparations, no gushing fountain of youth. Judiciously applied, however, they may add healthy, happy, useful years to life. Through their cautious, well planned use, the physician may prolong life; what is more important, he may thus impart a rich and meaningful purpose and spirit to a commonly drab and often fully resigned existence.

Finally, the physician is charged with the responsibility of bringing health and happiness to his patients. Prolonging life without alleviating some of its undesirable aspects scarcely is worthy of his best efforts. To live better is more important than to live longer.

References

1. Strehler, B. L. & Mildvan, A. S.: General Theory of Mortality and Aging, Sci. 132:14, 1960.
2. Raab, W.: Metabolic Protection and Reconditioning of the Heart Muscle Through Habitual Physical Exercise, Ann. Int. Med. 53:87, 1960.
3. Bortz, E. L.: Education, Aging and Meaningful Survival, J. Am. Geriat. Soc. 9:329, 1961.
4. Hettinger, T.: Histological and Chemical Changes in Skeletal Musculature Due to Muscle Training and Testosterone, Aerztl. Forsch. 13:570, 1959.
5. Raab, W.: Preventive Medical Mass Reconditioning Abroad—Why Not in USA? Ann. Int. Med. 54:1191, 1961.
6. Goldzieher, M. A.: Effects of Estrogens on Senile Skins, J. Gerontol. 1:196, 1946.
7. Goldzieher, J. W.: Direct Effect of Steroids on Senile Human Skin. A Preliminary Report, J.Gerontol. 4:104, 1949.
8. Chieffi, M.: Investigation of the Effects of Parenteral and Topical Administration of Steroids on the Elastic Properties of Senile Skin, J. Gerontol. 5:17, 1950.
9. McGavack, T. H. & Seegers, W.: Status of Thyroid Gland After Age 50, Metabolism 8:136, 1959.
10. Chieffi, M.: Effect of Testosterone Administration on the Beard Growth of Elderly Males, J. Gerontol. 4:200, 1949.
11. Simonson, E., Kearns, W. M. & Enzer, N.: Effect of Methyl Testosterone Treatment on Muscular Per-

formance and the Central Nervous System of Older Men, J. Clin. Endocrinol. 4:528, 1944.

12. Asboe-Hansen, G., in Tunbridge, R. E.: On the Structure and Functions of the Mast Cell, Connective Tissue Symposium, Springfield, Illinois, Charles C. Thomas & Company, 1957, pp. 12.

13. Iversen, K., in Asboe-Hansen, G.: Hormonal Influence in Connective Tissue, Connective Tissue in Health and Disease, Copenhagen, Munksgaard, 1954, pp. 131.

14. Robertson, O. H. & Wexler, B. C.: Histological Changes in Organs and Tissues of Migrating and Spawning Pacific Salmon (Genus Oncorhynchus), Endocrinol. 66:222, 1960.

On Social Security Financing of Medicare

THE year 1963 will undoubtedly see the medical profession in another conflict with the Federal government over the passage of medicare, a bill which purports to provide medical care for the aged financed by Social Security funds. Many facets of this problem have repeatedly been brought to the attention of the doctors, demonstrating its woeful inadequacy. For example, the bill in its present form covers many people who are financially independent. In addition, the contemplated bill offers only hospital coverage. Even this is incomplete, requiring some outlay of cash by the recipient.

While it might be possible to change the proposed legislation to eliminate some or even all of these inequities, the problem of financing through Social Security would remain. The basic principle of the Social Security Act passed in 1935 was to provide *funds* for workers after retirement, so that they could be self supporting, manage their own affairs, and live with the dignity becoming an inhabitant of the United States. The money making this possible comes from salary deductions of workers matched by an equal amount from their employers. The cost has been going up annually and will continue to do so. The additional expense of any type of medical care for the aged would soon make these deductions almost confiscatory on both employee and employer. As presently functioning, there are no restrictions on the spending of Social Security allotments. This money may be used for clothing, food, or luxuries as the individual elects.

Contrast for a moment the use of these funds proposed by medicare. The benefits for illness will not be in cash to defray its expense. Instead, payment will be given by a federal agency to a hospital for less than the total cost of its service. The government has labelled this inadequate package medical care for the aged. It takes away from the individual the prerogative to select for himself the type of service he wishes to purchase, and substitutes the guiding hand of a paternalistic government. This is symptomatic of the creeping but inexorable program of socialization embodied in the political philosophy of our present administration. Be assured that any type of health service financed and directed by government is socialized medicine and is an integral part of over all federal planning.

Physicians are, and have always been, in favor of good medical care for people of *all ages*. Even the strongest supporters of King-Anderson type legislation can't deny that this country currently enjoys the highest degree of health and longevity the world has ever known; and this without government intervention in a field that they are poorly qualified to undertake. The medical profession is fully cognizant of the constant need for improvement of patient care to keep pace with scientific advances. To this end they continue to change as proven innovations occur.

We have been accused of selfish motives in vigorously opposing a militantly sponsored government health program. To the extent that we know that what is good for our patients is good for us, we plead guilty to this indictment.—Lawrence F. Segar, M.D., in Detroit Medical News.

Abdominal Pain in the Aged*†

William S. Middleton, M. D.

PAIN is the most common symptom that brings the patient to the physician. Furthermore, it is no respecter of age or person. In its presence, the mighty become meek; the extroverted life of the party, humble and dependent. A subjective symptom of functional or organic origin, the interpretation of pain depends in large measure on the underlying psychology of its victim. In this light, the attending physician is placed in a vitally important judicial position to evaluate its significance. Hence, it behooves him to have a clear definition of the varied factors in its incidence. Its nature may vary from mild distress to excruciating extreme, from minor discomfort to the limit of human endurance, from dull to sharp, from continuous to intermittent-colicky, to mention only a few of the variants on the common theme.

The exact location of the pain in its initiation frequently leads to the anatomic source from which the discomfort may spread by contiguity or reference to other areas. Referred pain in itself may give a clue to the origin of the initiating process. The time of occurrence of pain may afford leading information. Quite commonly, the relation of the discomfort to physiologic acts, viz., effort, respiration, digestion, defecation and urination, may play a leading role in unravelling the problem. The manner of release from pain not infrequently serves as a guide to its basis.

Immediately there occur to your mind examples of the clinical approach to the resolution of this involved question. The famous surgeon, Dr. John B. Deaver, was called by his resident physician at the old German Hospital in Philadelphia many years ago, to see a woman who was experiencing severe upper abdominal pain which, in the judgment of the house physician, represented a surgical emergency of the first order. Doctor Deaver responded immediately and, after taking the history and completing his routine examination, again bared the woman's abdomen and seated himself at the bedside. From this vantage point, he observed the patient carefully. Occasionally, he palpated the abdomen gently. After ten or fifteen minutes, he arose, drew the bedclothes over the patient, and said, "We shall not operate tonight, Doctor." The following morning the patient had a characteristic to-and-fro pericarditic friction rub.

A number of years ago, I was confronted by one of my surgical confreres from another hospital in Madison with the question, "Bill, do you not teach your students physical diagnosis any longer?" Upon inquiry, the following story emerged. The night before, the intern on duty, a graduate of the University of Wisconsin Medical School, had called the surgeon to announce the arrival of a patient who complained of nausea and vomiting with upper abdominal pain. The intern had diagnosed acute appendicitis. When the surgeon arrived, he borrowed a stethoscope and demonstrated pneumonia of the right lower lobe. The following circumstances had put him on his guard: The patient had a temperature of 104 F.; his respiratory rate was 28. There was slight cyanosis. Examination of the chest disclosed increased tactile fremitus, dullness, bronchial breath sounds, bronchophony and a pleuritic friction rub over the right lower lobe. The leukocytes totaled over 30,000, with marked neutrophilia.

In the cited instances, the referred pain to the upper abdomen followed the neural distribution of the involved pericardium and pleura, respectively. Furthermore, the nerve supply of the periphery of the diaphragm through the lower intercostals will determine the reference of pain to the upper abdomen in diaphragmatic pleurisy, whereas the middle two-thirds or three-quarters of the diaphragm is supplied by fibers derived from the phrenic nerve and reference of pain to the free border of the trapezius and into the anterior cervical triangle ("Capps' points") may be anticipated if the inflammation involves this por-

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*Being in substance the discussion of this topic at the Postgraduate Symposium on Management of the Older Veteran Patient held at the VA Center in Martinsburg on April 25, 1962.

†From the Department of Medicine and Surgery, Veterans Administration.

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tion of the diaphragmatic pleura. Conspicuously, reference of the pain of coronary thrombosis with myocardial infarction to the upper abdomen also may be expected. The earlier writers on this subject described the status gastricus, and the lay interpretation of this sometime misleading symptom may be found in the recurring reference in the public press to death from acute indigestion.

To regularize the approach to the definition of sources of abdominal pain, the latter may be grouped under the following headings:

1. Inflammatory.
2. Vascular.
3. Mechanical.
4. Metabolic.
5. Radicular.
6. Toxic.

Inflammatory Sources

Approaching these details seriatim, it again should be borne in mind that acute inflammatory conditions are no respecters of persons. Furthermore, years multiply the chance of complications through the sequelae of earlier inflammatory reactions. While peptic ulcer usually is initiated at an earlier age, it may first make itself felt in the aged. Its characteristic cyclic relation to the gastric function in the gnawing hunger pain on emptying, with food and antacid relief, requires no elaboration. The further tendency to chronicity, intermittency and rhythmical nature of symptoms is commonplace knowledge.

Less clearly defined are symptoms such as gastric distention and eructation with watery brash and heartburn. The long-standing duodenal ulcer, with cicatricial contraction, may bring all of the evidence of pyloric obstruction in its train. Penetrating duodenal ulcer with involvement of the head of the pancreas finds reference of the pain to the back. Perforation of the stomach or duodenum is signalized by severe abdominal pain with nausea and vomiting followed by reactive peritonitis. With advancing years the predominant incidence of the duodenal location in the male lags and there occurs a sharp increase of gastric ulcer in the female, so that, in the aged, ulceration in this location is about equally divided between the two sexes.

The pain of cholecystitis usually is localized to the right upper quadrant with reference through to the back and up to the right shoulder. Commonly, in middle-age individuals, there will have been a history of intolerance to fat and to greasy and bulky articles of diet, also a history of flatulence, belching and, perhaps, recurrent biliary colic and jaundice. Chronic relapsing pancreatitis may occur with or without antecedent biliary tract involvement. Vague upper abdominal pain with digestive disturbance usually succeeds an alcoholic debauch or a dietary indiscretion. The pain not infrequently is referred to the back, and this circumstance may be the first clue to its origin. With extended studies in pancreatic physiology and pathology, increased clinical interest has been attached to the psychologic changes in patients with chronic pancreatitis and carcinoma. The dyspeptic with psychoneurotic manifestations should be suspect. Depression to actual psychosis has been encountered in patients in this group. The pain in relapsing pancreatitis may be so severe as to require heavy analgesia or neurosurgery for its control. The former circumstance should be borne in mind since chronic pancreatitis with or without calculus is a common background for drug habituation.

As indicated, age is no protection against acute inflammatory conditions, such as appendicitis. The classical picture may be somewhat confused by the availability of antimicrobial agents and steroids, as witness the following case report:

Case Report

A 64-year-old white male, admitted to the University Hospital in Madison, for the treatment of Felty's syndrome, received cortisone in therapeutic doses. Early tenderness in the right lower quadrant was succeeded by the palpable mass. Surgery was delayed because the temperature never rose above 98.4 F., pulse never above 80, leukocytes never above 6,000; erythrocyte sedimentation rate 12 mm. When laparotomy finally was performed, a retrocecal appendiceal abscess containing over 500 cc. of pus was evacuated. In this patient the anti-inflammatory action of the corticosteroid had drawn a velvet curtain between the physician and the appendiceal reaction.

At this age period, diverticulitis is much more likely to occur than it is at an earlier stage of life. Hence, the physician must be ever on his guard when the left lower abdominal symptoms and signs paralleling those of the right lower quadrant in appendicitis occur. The clinical course closely simulates that of acute appendicitis.

Vascular Sources

With advancing years, the degenerative vascular changes take their toll in the abdominal arterial tree. The classical picture of mesenteric artery thrombosis with severe pain, bloody diarrhea and paralytic ileus proceeding to gangrene and peritonitis is readily recognized. The more insidious picture of chronic mesenteric arterial insufficiency has escaped general clinical attention until recent years. The euphonious term,

"abdominal angina," has been attached to this condition which is manifested by vague abdominal distress, usually related to the ingestion of food, manifestations of periodic motor impairment of the stomach and intestine, fat indigestion and marked wasting. The availability of corrective surgery makes recognition of the condition imperative.

Renal arterial insufficiency may be suspected when there is a sharp rise in arterial blood pressure with advancing evidence of renal insufficiency after a sudden severe pain in the flank. A bruit in the flank or upper abdomen may localize the renal arterial stenosis.

In an aging population, atherosclerotic aneurysm of the abdominal aorta has taken on increased importance. Pressure on adjacent viscera or emerging nerves may give rise to special symptoms. Interference with the blood supply to the pelvis and legs may account for pain, other types of paresthesia, or weakness. If thrombosis occurs in the aorta or its branches, gangrene may eventuate. If syphilis be the etiologic background of the aneurysm of the abdominal aorta, erosion of the bodies of the vertebrae with encroachment on the posterior roots may give rise to boring pains succeeded by the lancinating pains of posterior root involvement. As a rule, dissecting aneurysm of the aorta occurs in individuals with hypertension.

The tear in the intima succeeding medionecrosis which invites dissection of the layers of the aorta, usually is announced by excruciating pain that migrates caudally through recurrent descending episodes. Circulation to the peripheral parts may be preserved but, failing this, serious impairment of nutrition to gangrene may occur.

Mechanical Sources Many

The mechanical sources of abdominal pain are many. Among them, hernia should receive early consideration. Since herniation increases with years, rather than exhaust the discussion of the inguinal and femoral types which may lead to abdominal pain through incarceration or strangulation, attention is directed to diaphragmatic hiatal herniation, the symptoms of which may be very obscure. Significantly, in a high percentage of cases, these patients with vague digestive symptoms have been operated upon for chronic cholecystitis before the correct diagnosis was made. In addition to distress after eating, actual acute thoracic pain may lead to the suggestion of a coronary basis. Attendant cardiospasm may, in reference to the back, lead to a suspicion of penetrating peptic ulcer or of pancreatitis. One of the most helpful circumstances in the diagnosis of diaphragmatic hernia is the inception or aggravation of pain or discomfort in the recumbent position after eating; with relief in the upright position. Severe anemia may develop because of blood loss from ulceration in hiatal hernia.

Biliary colic, as has been stated, usually is preceded by food intolerance arising from chronic cholecystitis. Intermittency of the right upper quadrant, colicky pain referred to the back and shoulder blade is characteristic. Historically, large gallstones that cannot be engaged in the cystic or biliary ducts are less likely to give rise to colic than the small or medium sized stones. As a rule, jaundice occurs only when the calculus becomes impacted in the common bile duct or in the hepatic duct. Cystic duct obstruction *per se* does not lead to jaundice.

Ureteral colic from calculus usually is anticipated by polyuria and dysuria. The severe colicky pain arising in the loin passes along the course of the ureter to the testis or to the glans penis (in the male). Smoky to bright red urine signals the trauma of the passing stone.

In addition to the mechanical obstruction in the herniation of elements of the gastrointestinal tract, internal herniation, inflammatory masses arising within or without the gastrointestinal tract, adhesions from prior inflammation, volvulus, ileus and neoplasm may lead to obstruction. In the case of the last named, if carcinoma of the colon be taken as a type, certain physiologic factors must be kept in mind. With partial encroachment, the muscular coat of the colon will be hypertrophied in the attempt to overcome the obstruction. Furthermore, this circumstance together with the outpouring of fluid into the distended loops of the colon and small intestine will explain the alternating constipation and diarrhea of the patient with partially obstructive carcinoma of the colon (or small intestine).

Of the gastrointestinal neoplasms, it should be borne in mind that carcinoma of the cecum, or ascending colon is the lesion most commonly attended by obscure severe anemia.

Metabolic Sources Interesting

The metabolic sources of abdominal pain are in many ways the most interesting. Diabetic acidosis, while classically recognized by the evidence of advancing ketosis in dehydration, Kussmaul's respiration, soft eyeballs, and acetone on the breath, may have as the presenting symptoms severe epigastric pain, nausea and vomiting. The temperature usually is subnormal but the hemoconcentration leads to leukocytosis.

Uremic gastritis, colitis and peritonitis should not be overlooked as metabolic causes of abdominal pain. Nausea and vomiting attend the outpouring of fluid into the stomach. Membraneous (so-called "diphtheritic") colitis may lead to uncontrollable diarrhea. The uremic patient is peculiarly susceptible to serous membrane inflammation. Porphyria is an uncommon cause of abdominal pain but should be borne in mind when vague to severe abdominal discomfort is attended by neurologic and psychotic manifestations.

Radicular Sources

In the aged, osteoarthritis of the spine is a common sign of advancing disintegration of the articular system. With it, not infrequently, there comes encroachment on posterior nerve roots with radicular pain. It is not an uncommon experience to find such patients subjected to unnecessary surgery on the suspicion of intra-abdominal pathology. One such patient in my experience had had five laparotomies before the true cause of his severe radicular pain was disclosed.

Shortly after the introduction of cortisone, a clergyman with rheumatoid arthritis was discharged from the University Hospital, Madison, with written instructions to the referring physician that the therapy should be discontinued after a period of ten days. His subjective relief from the corticosteroid therapy had been so complete that he had insisted on its continuance.

The patient's readmission three months later was occasioned by severe posterior root pain from compression fractures of the eleventh and twelfth dorsal vertebrae. The neurogenic pain from this origin constitutes a major threat at all ages but particularly past middle life the corticosteroids should be given with the utmost caution, and the danger of demineralization kept clearly in mind.

A number of years ago, an associate of mine asked me to see a female patient in consultation. As he said, the story of abdominal pain, which was localized to the right upper quadrant, did not tally closely with the conventional picture of cholecystitis. As he turned the bed covers back and bared the woman's abdomen, the clusters of vesicles made the diagnosis of herpes zoster self-evident. Certainly, "shingles" must not be overlooked when the causes of vague abdominal pain are under consideration. Time affords the answer in this form of posterior root ganglionitis. An associate of mine in the University of Wisconsin was traveling to Pennsylvania by train when the conductor came through the coach and inquired for a physician. He said that a fellow traveller in the men's dressing room was writhing in pain. My friend confirmed the situation when he followed the conductor and said, "I bethought me, this might be a tabetic crisis. I struck a match and it was!" (Argyll Robertson pupil). As a cause of severe abdominal pain, tabes dorsalis must not be overlooked.

Toxic Sources

Among the toxic causes of abdominal pain, plumbism takes a prominent place. An experience while on the medical service at the Philadelphia General Hospital (Blockley) is always recalled in this relation. With meticulous care, the history and physical examination were evolved and my curiosity was satisfied in the demonstration of the lead line on the gums and the abundance of stippled red cells in the stained blood smear.

When my chief, Dr. David Riesman, made rounds the next day, I presented the patient with all the vanity of a self-satisfied intern. When Doctor Riesman made inquiry as to the source of the lead exposure, I recounted my observations in this direction, as follows: "That is the singular part of the story, Doctor Riesman. This man says that he works at the Brill Car Works where his duty is to collect metal waste in a wheelbarrow and dump it over a hill some yards removed." Doctor Riesman turned to the patient and said, "Just how long have you been working at the Brill Car Works?" The patient answered, "Three weeks." Then Doctor Riesman asked, "Where did you work before that?" The patient said, "For five years I worked at the Wetherell White Lead Works." I have never forgotten the lesson. In the industrial history, carry your patient through every detail of industrial and drug exposure. With lead colic, constipation is the rule. Thomas Cadwalader, in 1745, published one of the first scientific papers in the Colonies on "Dry Gripes."

One of the most interesting and, fortunately, rare sources of severe abdominal pain is the bite of the black widow spider. As is generally known, the exposure is commonly over the seat of the outdoor privy. The toxin of the black widow gives rise to severe abdominal pain and cramps in the extremities. An extremely valuable point to remember is the prompt relief of symptoms on intravenous administration of calcium gluconate or chloride.

Among members of the colored race, abdominal pain from sickle cell anemia is not uncommon and it should be borne in mind whenever vague symptoms and abdominal discomfort arise in patients of this race.

Comment

In this cursory outline of abdominal pain in the aged, there has been a studied effort to give direction by systematizing the approach to the affected patient. Laboratory aids will encompass a wide scope but will be directional to the indications of the individual situation. Blood counts, urinalyses, blood chemistry studies, enzyme determinations, serologic and other tests may clinch the diagnosis. For example, blood glucose and serum amylase determinations have specific indications when diabetes mellitus and pancreatic disease, respectively, are under consideration. Scout films of the abdomen supported by visualization of the gastrointestinal, biliary and urinary tracts, as indicated, prove invaluable in many instances. X-rays of the spine, aortography and arteriography, all have their specific places in the elucidation of this ubiquitous symptom, pain.

The ultimate lesson from such a survey is diagnostic awareness of the scope of a single symptom. With such awareness must go meticulous elicitation of history, painstaking physical examination and intelligent use of laboratory aids for the correct diagnosis and the adequate care of the patient.

To Physicians in Training

To all physicians in training and especially West Virginia residents: West Virginia is in need of physicians in all categories for rural and urban practice. Any physician desiring information concerning openings in the State can communicate with *The Journal*. *The Journal* will publish free for 6 issues pertinent information concerning any qualified physician who is seeking a location in West Virginia. Single copies of *The Journal* listing practice opportunities will be mailed to physicians upon request.

A roster containing a list of officers of county societies and specialty sections of the West Virginia State Medical Association is available upon request to the headquarters offices. Also, information pertaining to West Virginia licensing laws will be mailed to interested physicians. Interested parties may then write the officers of component societies or sections for further information.

Any other information about West Virginia will be secured from outside sources, if possible, and sent upon request. All letters to *The Journal* will receive individual and immediate attention.

Pulmonary Embolus

(Case Report)

George E. Farrell, M. D., Ernest T. Cobb, M. D., and Arthur M. Benshoff, M. D.

THE large pulmonary embolus in the case presently reported had originated in the right auricle and occluded the upper and middle branches of the right pulmonary artery.

Case Report

The patient, a 57-year-old white female, was admitted to the Greenbrier Valley Hospital on May 17, 1961, in a state of extreme apprehension and complaining of dyspnea. The dyspnea had been present for several weeks and had become progressively more severe; it was most marked on exertion. The patient stated that she had had angina pectoris for several years. There was a past history also of two episodes of illness diagnosed as pneumonia, one occurring five weeks prior to admission, the other a year and 8 months previously. Treatment consisted of antibiotics on each occasion. In both instances, x-ray of the lungs showed diffuse bilateral infiltration, which cleared slowly. In addition, there was a history of an anxiety neurosis, also of recurrent dermatitis primarily of the upper portion of the thorax and upper arms, from shoulder to elbow. Differential diagnosis of the dermatitis included dermatitis herpetiformis, eczema and contact dermatitis. Treatment consisted of x-ray, cortisone and supportive measures.

Physical Examination.—The patient was well developed and well nourished; she appeared anxious and apprehensive.

TPR normal. Rhonchi were present at both lung bases, and some expiratory wheezes could be heard. There was a loud systolic murmur of moderate duration at the apex of the heart and over the left border of the sternum. There was no tenderness along the course of the veins of either calf; no edema nor cyanosis of the extremities. Pulsations of the lower legs and of both feet were normal. Homan's sign was negative.

Laboratory.—Blood count: Hematocrit 38 vol. per cent; WBC 6,150; hemoglobin 81 per cent (11.25 Gm.).

Comparison of the chest film made a few hours before death with a film of the chest made 15 months previously reveals the following:

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"The shadow of the heart is enlarged transversely. The left hilar shadow is the same size on both films. There may be slight increase in the peripheral lung markings on the left on 2-18-61. The most marked changes are on the right.

"The right hilum has increased markedly in width and density. Its outer border is irregular. There are mottling and irregular density throughout the right lung.

"The findings are consistent with enlargement of the right pulmonary artery or with a mass in the right hilar region, and infiltration through the right lung."

Several hours after the patient was admitted, she had a sudden onset of chest pain, with extreme cyanosis, and expired within a few minutes.

An autopsy was performed at the Greenbrier Valley Hospital, and tissues submitted to M. Shannon Allen, M. D., of the Department of Pathology, University of Virginia Hospital.

The right auricle and both venae cava were dilated and distended. There was a large mural thrombus of the right atrium. The pulmonary arteries appeared free of clot except when the right upper and the middle lobe areas were explored. Adherent emboli were found in all of these branches.

The final diagnosis was pulmonary embolism involving the upper and middle branches of the right pulmonary artery. The source was thought to be the right auricle. The coronary arteries

were sclerotic but no areas of infarction were demonstrated.

Discussion

In pulmonary embolus, many different manifestations have been described with regard to the x-ray. The picture of absent or diminished lung markings, with hyperaeration, has been clearly detailed; the atalectatic lung also is typical. The round, the triangular, the linear, the homogeneous and the irregularly shaped density, all have been discussed. A peripheral density with pleural fluid is well known.

The disease also has simulated acid fast infection with or without cavitation, pneumonia with or without abscess formation, fungus disease, bronchogenic carcinoma and bronchogenic cyst.

In the presently reported case, the enlargement of the right hilar shadow corresponded to the enlarged pulmonary artery shadows. The mottling represented infiltration of the lung distal to the embolus.

Bauer[2] studied the sites of formation of thrombi and considered leg veins as the site of origin in over 95 per cent of cases of pulmonary embolism. Pelvic veins occasionally may be the source. The right side of the heart is unlikely as a site of origin[3].

Summary

A case of pulmonary embolus with a fatal outcome in a 57-year-old white female is reported. The roentgenographic literature is briefly reviewed. The site of origin of pulmonary emboli is discussed.

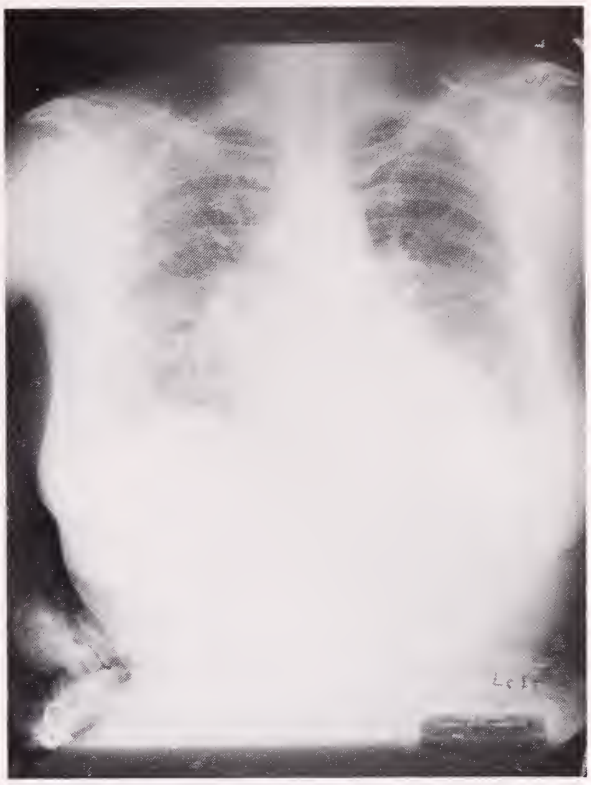

Figure 1. X-ray of chest taken a few hours before death, in a case of pulmonary embolism involving the upper and middle branches of the right pulmonary artery. Source of embolus was thought to be the right auricle. See case report.

References

1. Arora, Y., Lyons, H. & Cantor, P.: Unusual Clinical and Roentgenographic Features of Pulmonary Infarction, Am. Rev. Resp. Dis. 83:232, 1960.
2. Bauer, G.: A Venographic Study of Thrombo-Embolic Problems, H. Chir. Scandinav. Vol. 84 1940.
3. Dexter, L., Dock, D., McGuire, L., Hyland, J. & Haynes, F.: Pulmonary Embolism, M. Clin. North America 44:1251, 1960.

Sir William Osler

The wisdom of the past in medicine can be applied to the present. It is unfortunate that many of our great scholars have been forgotten and their names only recalled as part of a clinical syndrome. Their writings have been forgotten, except for those interested in medical history. Much that they wrote about, and much in their principles, has become part of the legends of the past. In a recent interview with two senior medical students, I was surprised to find that neither knew anything concerning Sir William Osler other than that the name was associated with two clinical syndromes they had seen on their clerkship.

The fundamentals expressed in Osler's first treatise on internal medicine are still of the best. The classical descriptions of disease in his textbook on medicine have no equal. His essays belong to the great classics of American and English literature. His aphorisms have been collected into a small monograph by William Bean. The finest thing that could befall a medical student would be required reading of Osler's original textbook of medicine, as well as his essays and to carry in his mind Osler's aphorisms.—John F. Briggs, M.D., in Minnesota Medicine.

Radioactive L-Triiodothyronine Uptake by Red Blood Cells: A Useful In Vitro Test of Thyroid Function*

David H. Williams, M. D.

RATIONALE.—Thyroxine and L-triiodothyronine (the latter referred to hereafter as T-3) are thyroid hormone substances bound in part by the erythrocytes and the plasma proteins. The proteins, especially the globulin fraction, have much greater avidity for binding these hormone substances than do the red cells, the latter taking up only a small percentage of the available hormone until the proteins become saturated. The red cell uptake is then increased when exposed to a greater amount of hormone substance.

The above mentioned factors provide the physiologic basis of an *in vitro* test of thyroid function. If the T-3 is tagged with radioiodine (I^{131}) and its uptake by the red cells measured, by inference the amount of circulating thyroid hormone is measured. In hyperthyroidism with an excessive amount of circulating hormone, the proteins will be saturated with the patient's own hormone and the T-3 uptake by the red cells will be increased.

Conversely, in hypothyroidism, the proteins will be relatively unsaturated by the decreased amount of the patient's hormone and will take up most of the T-3, thus decreasing the red cell T-3 uptake.

Technique.—The technique of the thyroid function test is relatively simple. A volume of anticoagulated blood is mixed with the tagged T-3 and the mixture incubated in a shaker at 37 C. for two hours. One ml. of the incubated mixture is then counted in a well type scintillation counter for a sufficient length of time to insure statistical validity. After centrifuging the counted sample and removing the supernatant plasma, the red cells are subjected to multiple washings with isotonic saline and counted by the same method as that just described. After the hematocrit is determined the uptake (in percentage) of T-3 by the red cells can be determined by the following formula:

$$\frac{N_1 \times \frac{100}{H}}{N_2} \times 100$$

Where: N_1 equals net count of washed cells.

N_2 equals net count of whole blood.

$\frac{100}{H}$ equals the hematocrit corrected to 100 vol. % for volume comparison.

The Author

• **David H. Williams, M. D., formerly of Huntington, now radiologist at Weirton General Hospital in Weirton, W. Va.**

Results.—Results of the T-3 test, while not superior to those of other radioactive isotope tests of thyroid function, show good correlation with the other tests and with clinical evaluation. A table of the generally accepted values follows:

Thyroid Status	*Sex*	*Uptake (%/100 Hematocrit)* *Average*	*Range*
Hypothyroid	M	9.7	5.5–11.6
	F	9.3	6.1–11.0
Euthyroid	M	15.2	11.8–19.0
	F	13.9	11.0–17.0
Hyperthyroid	M	23.7	19.5–37.9
	F	22.5	17.0–35.0

The T-3 test is known to be influenced by several disease states and therapeutic agents as well as by thyroid disease and medication. The mechanism is not known. Uptake is increased in nephrosis, severe liver disease, metastatic malignancy, CO_2 retention states and paroxysmal atrial arrhythmias, also in the presence of anticoagulation. It is decreased during pregnancy and in estrogen administration, also in patients receiving propylthiouracil or iodides for hyperthyroidism. In this last circumstance a normal T-3 uptake is of no significance but an elevated uptake is valid and indicative of hyperthyroidism.

Conclusions.—1. The T-3 uptake is a good test of thyroid function but it is not superior to other tests and is not a substitute for clinical evaluation.

2. The T-3 uptake test has certain advantages: (a) It removes the necessity of the tracer dose of radioactive substance (although the dose is small and not harmful, many patients have become indoctrinated by the popular literature and rebel at ingesting any radioactive substance). (b) The test can be performed on a blood sample sent

*From the Department of Radiology, St. Mary's Hospital, Huntington, W. Va.

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to an isotope laboratory and with the unavailability of the isotope laboratory in some areas, this facet of isotope thyroid evaluation is thus made available to every physician in his office practice.

References

1. Albright, E. C., Larson, F. C. & Deiss, W. P.: Thyroxine-binding Capacity of Serum Alpha Globulin in Hypothyroid, Euthyroid and Hyperthyroid States, J. Clin. Investigation 34:44, 1955.
2. Crispell, K. R., Kahana, S. & Hyer, H.: The Effect of Plasma on the *in vitro* Uptake or Binding by Human Red Cells of Radioiodine (I^{131}) Labeled L-Thyroxine and L-Triiodothyronine, J. Clin. Investigation 35:421, 1956.
3. Hamolsky, M. W. et al.: A New *in vitro* Method for Study of Uptake of Labeled Hormonal Components by Human Erythrocytes, J. Clin. Endocrinol. 17:33, 1957.
4. Hamolsky, M. W. et al.: Further Studies on Use of RBC Uptake of I^{131} Labelled L-Triiodothyronine as a Diagnostic Test of Thyroid Function, J. Clin. Endocrinol. 19:103, 1959.

Antivivisectionists on the Move

Depressing and urgent is the information that the antivivisectionists are on the move once more. This time, their threat is much more serious than any time in the past. Heartened by the success of a humane slaughter bill, these people are determined to deliver restrictive legislation against medical research at the new session of Congress.

In late September, 1962, hearings were held on the Moulder and Griffiths Bills. Marching under the banner of "humane societies" the proponents of the bills received cordial and sympathetic treatment before the committee. Following conclusion of the hearings, the sub-committee chairman declared: "There will be some sort of protective legislation enacted at the next session of Congress." False and misleading attacks on the entire field of medical investigation must be met with truth. People must be told that the humane care and humane treatment of laboratory animals are the rule rather than the exception. By now, it is apparent that even this is not enough.

The best counter-strategy is to launch sensible legislation to provide for even better care, through research, construction of facilities, training, and dissemination of information on humane care and treatment of laboratory animals.—National Society for Medical Research.

Special Article

Community Responsibility for Mental Health*

Charles E. Goshen, M. D.

The importance of the local community in the mental health picture of America was established in early Colonial times when the principle that each community was to assume responsibility for its own dependent population was adopted. The dependent population group included the paupers, the unemployables, the orphaned children, the aged, the criminals and the mental patients. Few, if any, of the communities looked with favor on the requirement and, almost universally, they sought to reduce to a minimum the amount of effort, money and sympathy to be expended in behalf of the unfortunates.

Their attitude is understandable when we consider how scant the community resources were in those days and how necessary it was that each member be self-sufficient so that the community could survive. Actually, many of the original Colonial communities were obliterated because of failure on the part of some members to be productive. The same degree of unwillingness to provide humane and adequate care for dependent members persisted, however, long after these communities overcame their initial tenuous existence to become more affluent. To this very day, traces of this attitude have been directed particularly toward those persons who are dependent as a result of mental problems, and are so pervasive and pronounced that they still require our diligent efforts to correct.

Until the latter half of the 19th century, mental patients were routinely subjected to the most inhuman and neglectful kind of treatment imaginable, and fared much worse than any other group, even criminals, especially in regard to their civil rights. They often were driven out of their homes and towns, locked up in jails, attics or outhouses, treated as witches during the witch-hunting craze, sold virtually as slaves for whatever labor they could perform and in general, were ostracized from society.

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The Author

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Advent of the Psychiatrist

Toward the end of the 18th century, a few enlightened individuals began to view the problem of the mental patient in a somewhat more humane light. It probably was only an accident that these pioneers either were physicians or medically oriented persons, as a result of which precedents were established, with the resultant development of psychiatry as a branch of medicine. It could have happened differently, and the care of the mental patient might have become the responsibility of some other profession. Almost at the same time, between 1790 and 1810, Philippe Pinel in France, William Tuke in England and Benjamin Rush in the United States introduced the idea of treating these persons as medical patients in a hospital setting, with some attention to their human rights and with respect for their human dignity. The progressive measures these early leaders advocated, however, were made available only to a very few patients, usually from rather wealthy families. For a long time to come, most patients were cared for by county or town governments, in jails and almshouses, with the traditional forms of neglect and cruelty.

No Trend but Downward

The introduction of physicians and hospitals in the care of mental patients did not, as might be expected, establish a new trend progressing to higher and higher levels of adequacy. Instead, physicians themselves often followed the same kind of coercive efforts to repress and subdue the mental patients entrusted to their care which they had criticized in less well informed persons. In spite of the gentle, tolerant measures employed so successfully by the Tukes in the York Retreat in England and by Pinel in France, many,

if not most, of the early hospitals in the United States rationalized a type of treatment we would consider as cruel today. Purging, bleeding to the point of death, induction of vomiting, blistering, spinning in a chair and dousing in cold water came to be used widely by the same physicians who condemned the repressive measures used in non-medical institutions of the day. Working side by side with these physicians, there has been ever since, the advocates of the Quaker philosophy of the Tukes but, in keeping with their gentler, more tolerant approach to all things, their words always have been quietly spoken, their views less noisily advertised and their need of support from others less demanding. Instead, the coercive, restrictive, repressive measures advocated by the other group generally have been the ones most conspicuously practiced, the most widely advertised and the least successful.

During the 19th century, the former group employed an approach which was called "moral treatment" and which, today, is known, simply, as psychotherapy. Similarly, the coercive school of thought used physical restraints and hypnotic drugs during the 19th century, and its modern-day counterpart uses measures such as insulin and electric shock, prefrontal lobotomy and so-called tranquillizing drugs. In brief, it cannot be said that at the professional medical level, the conflict between coercion and friendly persuasion has come much closer to being resolved now than it was 150 years ago. It is small wonder, therefore, that the same conflict prevails among the nonprofessional elements of society, or that forceful rejection of mental patients remains as the dominant public attitude.

Community Interest During 1750's

An early example of community interest in mental patients can be found in the early history of the Pennsylvania Hospital of Philadelphia which, in the 1750's, began to admit mental as well as medical and surgical patients. The former were confined in locked cells in the basement of the hospital and were supervised by a jailer who kept them in line with a whip. Even before the Revolution, it became common practice for the citizens of Philadelphia to visit the hospital in order to witness the peculiar antics of the mental patients and to taunt them into further displays of behavior which was considered amusing. Sunday afternoons at the hospital looked like visiting day at a zoo. The hospital trustees early recognized the undesirable qualities of this practice, and sought to discourage it by establishing an admission fee of one penny. The price of admission served, instead, to enhance the spectacular appeal, and the size of the crowd increased. The trustees still felt that the practice could be controlled by means of taxation, and over the years steadily advanced the price so that by the turn of the century it had reached the not inconsiderable sum of 25¢. Even this did not serve the purpose, however, so an ordinance finally was passed to prohibit visiting of patients unless authorized by the medical staff.

This small bit of history is cited to illustrate one example of intense community interest in the mental patient. Unfortunately, the interest was in the nature of morbid curiosity, but it would be interesting to speculate on what might have happened subsequently if measures had been taken then to channel this interest in a different direction. In any event, the prohibition of visiting served to kill public interest, and for the next fifty years, until about 1845, general apathy prevailed on the part of the public toward the mental patient.

APA Founded

By the time of the founding of the American Psychiatric Association, in 1844, a total of 22 hospitals had been established for psychiatric patients, one-third of them private and the rest under state control. They had a total population of 3,174 patients, with an annual admission rate of about 2,100. The largest was the New York City Lunatic Asylum on Blackwell's Island, with 423 beds. The ancestor of our American Journal of Psychiatry was first published a year or two before this at the Utica Lunatic Asylum. For the most part, these hospitals and their staffs were highly regarded by the relatively few members of the lay and medical public familiar with them.

Charles Dickens visited the United States during the period (1842) and in the essays he subsequently wrote regarding his sojourn, almost his only favorable comment about the United States concerned a visit to the Boston Lunatic Asylum (Boston State Hospital). In spite of the uncouthness, vulgarity and drunkenness which he reported as characteristics of Americans, he described the friendly and home-like atmosphere of the Boston hospital in glowing terms. He wrote, "The State Hospital is admirably conducted on those enlightened principles of conciliation and kindness which 20 years ago would have been worse than heretical . . . . It is obvious that one great feature of the system is the inculcation and encouragement, even among such unhappy people, of decent self-respect."

Thomas Kirkbride's Influence

Although not true of all 22 hospitals, a substantial proportion of them had superintendents

and staffs which showed a high degree of dedication to their work, a lively curiosity over advances being made in other hospitals, American and European, and great concern about the restoration of their patients to the community. A prominent spokesman of the early association of psychiatrists was Thomas Kirkbride, Superintendent of the Pennsylvania Hospital in Philadelphia. He was a strong advocate of what then was called "moral treatment," of supervised freedom of patients, of a close personal relation between personnel and patients. He also came to be known, together with an architect named Sloan, as the designer of the first functionally designed mental hospital, and his book describing the construction of such a hospital was used as a guide in the erecting of several "Kirkbride buildings."

During the middle 1850's, Kirkbride sponsored a move in the Council of the American Psychiatric Association which led to the adoption of the "26 resolutions on the construction and operation of hospitals for the insane." In addition to other progressive ideas, these resolutions advocated that the maximal size of a hospital be limited to 250 beds. Although the recommendation was quickly disregarded by the state hospitals, we have finally come to realize, a hundred years later, how sound it was.

The Dix Crusade

A Boston school teacher, Dorothea Lynde Dix, became familiar with the progress being made in hospitals such as Boston State and the shocking contrast between their methods and the more common ways by which patients were being treated in county jails and poor farms. She became the first of the great laymen who attempted to bring about a reform in the whole system. She conducted a crusade in the federal Congress, in the state legislatures, in the Canadian Parliament and in Scotland to arouse public interest in the plight of mental patients. Unfortunately, she made the serious mistake of concluding that more and better hospitals was the answer to the problem and that the responsibility for their operation should be shifted from local to state governments. She did not realize that the good examples of medical care she had seen were the product of the enlightenment and imagination of a handful of individual physicians. Citizen groups today, interested in improving mental care, tend to make the same error of concluding that what is needed is more and better hospitals.

As a direct result of the impetus given by Miss Dix, from 20 to 30 new mental hospitals were built, a notable example being St. Elizabeth's in Washington. The latter half of the 19th century witnessed a rapid and steady increase in the number of institutions and a shift toward centralization of control under state governments. These trends received a great deal of community support, perhaps due in part to the fact that they offered a means by which the communities got rid of the responsibility which had been theirs and which they had discharged so inadequately.

New optimism developed toward the treatment of mental patients. Physicians became interested in specializing in this branch of medicine and psychiatry developed as a recognized clinical specialty.

Nursing services developed during the war between the states and this also was due to the leadership of Miss Dix, whom President Lincoln had appointed as Director of Nursing in the Army. Hospital superintendents began to publish glowing statistics of their "cures" and entered into competition with each other over their relative rates of cure. This spirit fostered a certain amount of statistical exaggeration which later served to discredit them. During the 1850-1875 era, hospitals were fairly small in capacity, patients were generally afforded a considerable degree of freedom, the good hospitals were fairly well staffed, and an intimate and family-like atmosphere characterized their operation. The average length of stay of patients in these hospitals was much shorter than it is today, and a high percentage was discharged to the community, presumably in a state of recovery.

These hospitals enjoyed a fairly decent reputation in their communities, tended to be well supported by public funds, and were fairly well integrated with other medical and community services. Their apparent success seemed to establish without question the desirability of transferring the responsibility for the care of mental patients from county almshouses either to state or private hospitals, under the direct supervision of physicians who came to be known as psychiatrists. This centralization of control within each state and the delegation of medical responsibility to the care of mental patients still is generally regarded as desirable, even though the circumstances which originally made it necessary may not exist today.

Wages of a Sad Misconception

Nevertheless, a serious oversight prevailed at the time which soon resulted in sabotage of all progress being made, which in turn resulted in a complete reversal of what had been a noteworthy trend. The reversal is still under way and as yet has not been re-oriented in the direction which began in 1850. The oversight consisted of a gen-

eral failure to appreciate the fact that all the good work then being done was the product of a handful of well-trained, dedicated persons who had acquired keen insight into the human side of mental aberration and who had learned to change this into useful, constructive activity through the medium of their own personalities. Instead, the more general belief was that the institutions themselves were responsible for the results. In keeping with this belief, it seemed to follow that building more institutions would yield better results. It seemed also logical to conclude that if a small hospital could do a good job on a small scale, a large hospital could do a bigger job on a bigger scale, and more economically.

Because of the emphasis on buildings instead of on trained personnel, a progressively larger share of public money and effort came to be directed toward building larger institutions. After 1875, the size of the institutions rapidly grew to the point where it became impossible for the few trained persons available to do the job they hoped to do, and the institutions, in the short space of time between 1875 and 1890, became completely converted into custodial warehouses. A number of factors encouraged this transition. For example, the American Psychiatric Association came to be dominated by the advocates of the coercive approach who strongly and vehemently demanded that greater attention be paid to physical restraints, depressant drugs and restrictive laws, and that hospitals be locked and barred. The soft-spoken advocates of "moral treatment," as represented by persons such as Thomas Kirkbride, were pushed aside and their influence rapidly waned.

The editor of the principal journal of psychiatry during this period was a prominent spokesman for the coercive approach (the same situation prevails today) and he used his power as editor to discredit the advocates of the other school. Hospitals rapidly became overcrowded because patients were no longer being treated and restored to society. Overcrowding, in turn, bred new abuses of neglect and cruelty.

A group of reform-minded persons, made up of a few psychiatrists from the "moral treatment" school and some social workers, with a number of interested laymen, sought to alter the downward trend they saw in the process of development. In 1880, they founded the National Association for the Protection of the Insane and the Prevention of Insanity. The organization was the forerunner of today's National Association for Mental Health. Because they dared to challenge the vested interests of the administrators of large institutions who, by this time, had created autonomous little baronial estates for themselves, and because the latter were the ones who served as spokesmen for American psychiatry in the national association, they were bitterly attacked by the American Psychiatric Association. As a result, they failed to get any public support, and folded up. This unsuccessful effort left the institutions to pursue a relentless course of greater isolation from the community. From that time until the present, they have thereby failed to attract the kind of personnel who could effect any constructive changes. Instead they have attracted only those who are interested in preserving the status quo.

A Climax and an Enduring Trend

A climax of this deteriorating process occurred in the 1890's, when a series of newspaper articles in New York aroused public indignation at the alleged misbehavior of discharged mental patients. It since has been shown that the reporter responsible for the sensational stories had fabricated them purely from his own imagination. The state legislature of New York, nevertheless, imposed a list of restrictive laws on the freedom of mental patients which not only served as obstacles to recovery, but destroyed any therapeutic optimism which may have existed in the public mind. It also started the trend which is widespread today, whereby newspapers almost universally give the greatest possible prominence to antisocial acts committed by any person who has ever been hospitalized or under psychiatric care, thus encouraging the common belief that psychiatric problems go hand-in-glove with violence.

Beers, Barker and Eugenics

It was a long time before any redevelopment of community interest in reforming the institutional system occurred. When it did, it was not through any leadership in the medical profession but through the means of an ex-hospital patient, Clifford Beers, by name. After three hospitalizations in state and private hospitals in Connecticut where he personally experienced the cruelties practiced in these institutions, Beers sought to arouse public indignation through writing a book, "The Mind That Found Itself." The effort was fairly effective at the time, and Beers was encouraged by William James, professor of philosophy at Harvard, to form an organization to seek public support for his projected reform. As a result, the National Committee for Mental Hygiene was chartered in 1909, with Beers as secretary. Adolph Meyer, professor of psychiatry, and William Welch, professor of medicine at Johns Hopkins, served on the board of governors and were instrumental in establishing the precedent of

placing prominent physicians at the head of the organization.

Beers apparently was so overwhelmed by the prominence of these people that he failed to realize that the practice would result in his becoming their captive, and thus destroy his own objectives. This error on his part rendered his reform efforts almost completely ineffective. An example of how this case came about is shown by the direction the movement took in its early years under the presidency of an internist, Doctor Barker.

Barker knew and cared little about the plight of the institutionalized patients and influenced Beers to direct the attention of the organization to the promotion of eugenics. According to Barker's theory, mental problems could be prevented by selective breeding of people, and procedures such as sterilization should then be advocated. Similar misconceptions and misdirection succeeded in rendering the National Committee ineffective and Beers himself retreated, toward the end of his life, to die in one of the very mental hospitals which he had tried, in vain, to improve.

Sigmund Freud and Light

Until 1900, both medical and public interest in mental health was confined exclusively to the more serious kinds of problems which gain the attention of mental hospitals and the courts. The psychiatry of everyday life and of the less serious personality problems which beset people received no attention until Freud, after 1890, began to study them. Initially, Freud directed his attention to a condition then known as "hysteria," and later extended it to include conditions known variously as "obsessive compulsive neurosis," "anxiety state," and the like. He also wrote about commonplace phenomena such as dreams, religion and mythology. The professional activity of Freud and his students came to be centered in their private offices outside of hospitals, and their patients were relatively ordinary citizens. The choice was not entirely a free one on their part, because they were violently opposed by hospital administrators and were not permitted to practice intramurally. (This antagonism of the hospitals, though now 60 years old, still is the rule rather than the exception.) Although the new field of psychoanalysis which Freud created has been beset with its own controversies and dissension, it has evolved to progressively higher levels of refinement, while the opposing point of view which prevailed in the state hospitals steadily deteriorated to a point of therapeutic bankruptcy.

War-and-Peace and Psychiatry

Although it would seem obvious that if psychiatric attention were concentrated on the early, relatively minor personality problems of non-hospitalized adults and children, greater good could be accomplished with the greatest economy of manpower and money, relatively little effort was made in that direction until World War II. By that time there were approximately only 200 psychoanalysts in the entire country and only a handful of clinics outside of institutions.

The experience of psychiatry during the war, however, was extremely effective in bringing it into new focus. In the first place, psychiatric problems were numerous, accounting for 10 per cent or more of all wartime casualties. Second, the kind of people affected were rather ordinary, healthy, young, American males and, third, nearly all of the 50,000 physicians in the armed forces got some experience in handling these problems. The public was educated to view these kinds of casualties as being a sort of human misfortune not too much different, in its social implications, from a bullet wound, and something brought about in an individual's struggle with the stress of living, making it less of a mystery than before.

During and after the war, the study of psychiatry assumed a new respectability which attracted more and better physicians to the field, plus a large number of other professional people. More and more of the newly trained psychiatrists began working in the community, in private practice, in clinics and as consultants to schools and social service agencies. With increasing frequency, commonplace human problems came to be studied and treated, and in those parts of the country in which community psychiatry developed first, the public became increasingly more accepting of psychiatric help.

The NAMH

Meanwhile, local groups of citizens and professionals began to organize community mental health associations. They sought to educate the public to the new realities of mental health care and to expand local treatment facilities. In the early 1950's, these local groups became organized into a national society which took over the National Committee and became the National Association of Mental Health. For the first time, community interest became widespread, organized and responsible. Appreciating Clifford Beers' mistake of unwittingly becoming a captive of prominent medical personages, the NAMH attempted the opposite. It selected certain psychiatrists who had gained prominence as presidents

of the American Psychiatric Association and made them its captives. It is doubtful that this switch has improved matters.

Today, the major share of community interest in mental health is being expressed through the activities of the national, state and local chapters of the NAMH. Other groups also have served as strong allies, and their resources must not be overlooked in making plans for the future. The AFL-CIO, for example, has used its lobbying facilities to support progressive measures in state legislatures. Some chapters of the League of Women Voters have been effective in educating the public in mental health legislation. The National Association for Retarded Children, made up chiefly of parents of retarded children, is a potential ally. The Junior Chamber of Commerce recently has been very effective in Baltimore in launching reforms. Various health and welfare councils have been of great help, and their resources could be tapped more extensively. Councils of clergymen are other possible friends. Many such organizations, in fact, are only waiting for some ideas and a little leadership to take on mental health as an important part of their activities. They are uneducated as to the realities and necessities involved, however, and they need guidance and impetus from groups such as this to get started.

Mass media of communication — TV, radio, newspapers, magazines, the movies and the stage —devote an expanding share of their efforts to public education in the field, although it often is misguided. At least, it can be said that this type of education has served to familiarize the public with a lot of psychiatric terms and thereby to dispel a little bit of the mystery surrounding the subject. Through the same channels, insidious means also are found to bring discredit to the subject, or to go to the other extreme of promising miracles which psychiatry cannot perform. Leadership is needed in this area.

It would appear from an analysis of the current scene, that the stage has been fairly set for gaining public support for extensive reforms of present evils and for expansion of facilities. In 1955, a large number of professional organizations banded together to form the Joint Commission on Mental Illness and Health. They succeeded in getting Congress to appropriate $1½ million to finance a full-scale study of the existing state of affairs and to come up with a set of recommendations for future action.

A number of reports have been or are in the process of being published. One of the best of these was on a study of the manpower situation. The final report *(Action for Mental Health)* was published in the spring of 1961 and, to everybody's surprise, turned out to be a worthwhile document. It was generally assumed that the many conflicting viewpoints represented in the membership of the Commission would result in an innocuous series of watered-down compromises that would offer very little for future guidance. Instead, the report has turned out to be largely the product of one person who stated some rather sound principles with such forthrightness that the opponents did not dare challenge them openly. Nevertheless, these opponents are very busy right now trying to undermine the substance of the report. In essence, the report advocates a great expansion of effort directed toward a decentralization of state controlled institutional care to local, community-centered, noninstitutional facilities. In particular, it stresses the need for bringing about a great deal of emphasis on the issue of recruitment and training of professionals.

The Situation in West Virginia

To bring about measurable improvement in the mental health of the citizens of West Virginia, certain issues are peculiar to the State, some of which represent unusual handicaps and others peculiar advantages. With regard to the latter, for example, the State has been so devoid of modern treatment resources that it has, by the same token, few traditions to upset, few vested interests to dislodge, little in the way of precedent to misguide it, and few errors to correct. It has, in essence, a "table rasa," a blank slate, on which to write its program for the future. The State is to be commended for having made its first big investment for the future in a brand new training center at West Virginia University.

In a different area, the State both is cursed and blessed with another unusual quality. Its acute and widespread socio-economic problems, on the one hand, constitute a serious obstacle to progress. On the other hand, the study and solving of these problems offer a unique opportunity to see the relation between social problems and individual personality problems. There is reason to suspect that some of the small, dying communities of the State have all the characteristics of neurotic or depressed or, even, schizophrenic individuals. Presumably, if this be true, psychotherapeutic skill might be successfully applied to bring about improvement. The same kind of resistance to change, the same kind of defensiveness against admission of failure which we psychiatrists are accustomed to see in our individual patients, can be seen sometimes on a community-wide scale. Be that as it may, it is of prime im-

portance to realize that improvement in the mental health picture cannot be divorced from the task of improving the social and economic life of the State. For both tasks, the immediate prime requisite is leadership and next is the acquisition of the manpower to do the job. Much of the manpower needed must be brought in from the outside, the rest can be trained here. Many things can be done to create a climate which welcomes the outsiders needed. Meanwhile, however, there are many policies and procedures which have the opposite effect.

From now on, let us bend our efforts toward making specific decisions about *who* might do *what* to *whom* in order to bring about a long-range program of improvement.

Lung Cancer and Smoking

In 1958 the National Cancer Institute of Canada presented a report on the relationship of lung cancer and smoking. Reference was made to the experience in Canada showing that, in a period of 20 years, the death rate from lung cancer had increased approximately six times in males and two and one-half times in females. During this time the male to female ratio of lung cancer deaths had changed from 2:1 to 5:1. These and other mortality statistics were expressed in the following way: (1) one death in six is caused by cancer. (2) For every 10 deaths from cancer in other sites, one death is caused by lung cancer. (3) Of every 66 deaths in Canada, one is caused by lung cancer.

The report reviewed the studies on the relationship between cigarette smoking and lung cancer and concluded that such criticism as simple bias did not destroy the validity of the conclusions drawn from the studies. It was pointed out that scientific proof, free from criticism, of a cause and effect relationship between lung cancer and cigarette smoking could only be obtained by experiments of an impractical kind and that, from the practical standpoint, additional evidence of such a cause and effect relationship could be expected to come from: (a) continuing epidemiological studies and (b) further studies relating to the detection, isolation and biological assay of substances in tobacco smoke that may be suspect.

Since the 1958 report additional evidence has become available. A Canadian study of mortality in relation to smoking habits has shown that lung cancer mortality increases with the intensity of cigarette smoking and that discontinuing cigarette smoking reduces the death rate. Recently, also, the report of the Royal College of Physicians of London presented a comprehensive review and analysis of the subject. This report concluded that the strong statistical association between the smoking of cigarettes and lung cancer is most simply explained on a cause and effect basis. Regarding the second source of additional information, namely the biological assay of substances in tobacco smoke, a laboratory in Canada has undertaken the fractional separation of tobacco smoke condensate into individual chemical compounds and has tested these for carcinogenic activity. Although up to 16 known carcinogenic substances belonging to a group of chemical compounds known as polynuclear aromatics have been identified, none has been found in sufficient amounts to explain the production of skin cancers in experimental animals by the application of the condensate. The activity of this condensate may be due to a summation effect or to an unidentified carcinogen belonging to some other group of chemical compounds present.

In reviewing, once again, the problem of smoking and lung cancer, the National Cancer Institute of Canada believes that the available statistical and epidemiological evidence of the association between smoking and lung cancer favours the conclusion that cigarette smoking is an important factor in the causation of lung cancer and is largely responsible for the dramatic and continuing increase in the recorded lung cancer death rates.— A Second Report by the National Cancer Institute of Canada, in the Canadian Medical Association Journal.

96TH ANNUAL MEETING

of the

West Virginia State Medical Association

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The President's Page

Recruitment of Qualified Students for Medical Education

SINCE assuming the duties of the office of President I have had the opportunity to meet and converse with many members of our State Association. One of the chief topics of conversation concerns the doctor shortage in our rural areas. Perhaps we should ask ourselves: is the medical profession doing all it can to recruit for our medical schools the students who will be the doctors of the future? Surprisingly the answer is no, and there are statistics to prove it.

Our medical schools are producing 7,500 graduates each year. Authoritative estimates, based on our population growth, predict we will need twice this number of graduates by 1975. This fact is alarming when we realize there is a diminishing number of qualified students who are applying for admission to our medical schools. This decline has been attributed to one of the three following factors: (a) Many are being attracted to the numerous competing sciences; (b) The financial requirements and length of time involved before the medical degree is realized; and (c) The discouragement of sons and daughters by their physician fathers because of the uncertain status of the future of the profession. This has been brought about by political pressure from those who would promote socialistic trends in our Federal and State Governments.

It is the duty of the individual doctor and his local medical society to institute immediate measures to correct this dangerous trend. The program of student recruitment must begin at the community level. The following are a few suggestions as to how this might be accomplished: (1) The county societies should establish a bureau to promote information on medical and health careers in each community. Through this bureau, educators and guidance counselors can be contacted and offered information concerning the medical profession; in turn they may help to establish "Career Days" and other such programs at the local high schools and colleges. (2) "High School Science Fair Programs," at the local level, can afford an effective medium of medical societies to recognize and encourage young talent. (3) "Future Doctors Clubs" have been formed in many localities with the purpose of encouraging promising students to explore the possibilities of a medical career. (4) "Medical Explorer Scouting" has recently been added by the Boy Scouts of America to their curriculum. This would offer the younger children an opportunity to acquaint themselves with the activities of the profession. (5) "Student-Physician Preceptorship Program" provides another approach to the recruitment problem. There, the idea is to establish a close relationship between a student and a local physician; the physician acting as a friend and advisor during his high school days. (6) A Scholarship and Loan Fund to remove a major barrier for qualified students with limited finances. In West Virginia we have partially fulfilled this obligation through the Charles Lively Memorial Scholarship Fund. On the national level it has been successfully approached by the AMA Medical Education Guarantee Program.

These are a few suggestions and, I am sure, many more could be evolved which could step up our recruitment program. Recruitment of qualified students is an obligation those of us in the medical profession must fulfill with energy and vigor. This approach is another step in our efforts to prevent the vicious tentacles of socialism from engulfing and destroying our profession.

L. J. Pace, M. D., President

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EDITORIALS

SPECIAL REPORT COMMENDED

Most of our members will have read, perhaps repeatedly, the Special Report by the Kanawha Medical Society which gave the examination findings of 329 allegedly disabled clients of the Department of Welfare. The account of this activity developed unusual interest among physicians and welfare workers. It has had favorable coverage in the press and some papers have had editorial commendation for the committee.

The significance of this study is appreciated because it reveals that only 97 of the 329 people in the pilot study were disabled, according to good medical standards. This is a bare 30 per cent of the clients that were examined. If extended to the 20,000 cases of total disability now on the relief rolls, the effect is a startling index of the misconception of total disability in West Virginia.

The report to Council by Dr. Edwin M. Shepherd, Chairman of the Special Committee, was published in the February issue of *The Journal.* It is hoped it will be carefully read and discussed at meetings of our component societies. Doctor Shepherd wisely advises caution and careful planning before societies in other areas embrace a similar program. This program will become a less rigorous process in other sections of West Virginia as a result of these pioneer studies in Kanawha County. Many worthy health programs have in the past been doomed to failure because of lack of follow-through of proposals and recommendations. So plans in other communities should include the whole program before work is begun.

The difficulties in promoting such a program are enormous. Our rural areas will have to be supplied with the specialty medical service, essential to determination of disability, or the Department of Welfare clients may have to be transported to urban medical centers. But the benefits, as indicated in the pilot study, could be breath-taking.

For various reasons, in the past, there have been differences of opinion between the private physician and the Welfare Department concerning the medical care of dependents. Here is a situation where welfare workers and physicians can unite and effect a great saving of manpower and money for West Virginia.

The Special Committee and the Kanawha Medical Society are to be deeply commended for the enormous amount of skilled, voluntary effort that went into the development of this report. If other societies respond in a similar manner, it can represent one of the finest activities of the West Virginia State Medical Associa-

tion. The Kanawha Committee, we are sure, will give advice to any other interested society. *The Journal* will be glad to publish preliminary results of such studies by any component society and offers its services for any helpful communication.

GERIATRICS AND GERONTOLOGY

In June, 1962, a Conference* was held in Baltimore, Maryland, which concerned the education of physicians in the care of the aging. Considerable emphasis was laid on the teaching of geriatrics in medical schools. There was no consensus as to whether geriatrics should be a specialty or a sub-specialty. The matter of a separate department of geriatrics was also discussed. There was no agreement that a separate department of geriatrics was actually needed. It was emphasized that a chronic problem in medical schools is the demand for an expansion of the curriculum. The point was made, however, that a number of principles in geriatrics and gerontology is not generally known to interns or general practitioners.

There is a school of thought which rather strongly feels that geriatrics should not be taught as a specialty. The writer of this editorial agrees with this concept. There is definite danger of splintering courses both in medicine and surgery.

In the treatment of older individuals several rather common disease processes come to mind, such as arteriosclerosis, diabetes and arthritis.

Arteriosclerosis is generally associated with advanced years, but young people too may have this condition, as may be seen so often in the coronary vessels. It is true, of course, that in older people the cerebral vessels are more often affected. Diabetes is not uncommon in later life, but again this condition is often found in the young. Arthritis is probably found more often in the aged population, but the condition may occur in relatively young adults.

One especially valuable point was brought out in the conference, namely, the value of visits of medical students and interns to homes of elderly patients. Such visits provide an understanding of what can be done where skilled assistance and modern technical equipment are not available. If the medical student and the intern can observe first hand what can be done for the elderly patient in the home, later when they become practitioners of medicine they are less likely to hospitalize their patients who can be kept reasonably comfortable at home. If this latter can be accomplished, overcrowded conditions in hospitals may be alleviated and a more acceptable existance assured for not only the elderly patient, but also members of the family.

*Proceedings of the Conference on the Education of Physicians in the Care of the Aging, held in Baltimore on June 14, 1962. Maryland State Medical Journal, October. 1962.

'You Bring the Ducks'

The New Frontier has a lot to learn about America's senior citizens from whom its disciples have shed crocodile tears in the halls of Congress. Nearly everybody knows that the left-of-center weepers cried out for compulsory federal medical care despite the economic, social, and health status of the 17 million aged being something less than conducive to wet eyes and howls of anguish. Most important of all, the aged themselves recognize this.

Proponents of King-Anderson-type legislation have tried unsuccessfully to sell two myths in a buyer's market of common sense: first, that all persons over age 65 are sick, senile, and disabled and, second, that they are in serious financial difficulty. Each is a tissue of deceit and distortion. As a social and economic group, the nation's seniors have the *highest* liquid assets of any other age group. The have the *lowest* indebtedness. Three out of four aged couples drawing Social Security own their homes, nine out of ten, *mortgage-free*. Only one out of five is sick in a degree which limits normal activity and two-thirds of those who are ill say that the indisposition has in no way interfered with their normal mode of behavior.

Our elders have substantial political savvy, too. The pollsters and statisticians found that the over-65 group preferred Republican candidates for Congress over the liberal Democrats by 56 to 44 per cent in the recent elections. On the key issue, compulsory federal medical care for the aged under Social Security, less than half—45 per cent to be exact—favored the administration proposal after its defeat last August.

The New Frontier savants may have overlooked another important consideration, too: the youngest of our senior citizens today was 35 years old when the New Deal came to power in 1932. Thus, they have already had an unforgettable lesson in big, beneficent government with the taxpayers picking up the tab.

Who wants to be guest of honor at a duck dinner when he has to bring the ducks?—C. P. Crenshaw, M. D., in *Journal of the Mississippi State Medical Association.*

A Dangerous Experiment

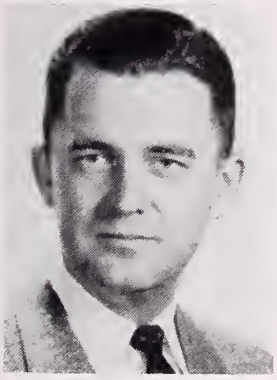
Doing for people what they can and ought to do for themselves is a dangerous experiment. In the last analysis, the welfare of the workers depends upon their own initiative. Whatever is done under the guise of philanthropy or social morality which in any way lessens initiative is the greatest crime that can be committed against the toilers.

Let social busy-bodies and professional "public morals experts" in their fads reflect upon the perils they rashly invite under this pretense of social welfare.—Samuel Gompers, President, 1886-1894; 1896-1924, American Federation of Labor.

GENERAL NEWS

WVU Day at The Greenbrier During Annual Meeting

The Program Committee has announced that one general scientific session at the 96th Annual Meeting in August will be devoted to a symposium which will be presented by members of the faculty at the West West Virginia University School of Medicine.



Alvin L. Watne, M. D.

Dr. Henry F. Warden, Jr., of Bluefield, the Chairman, said that the first general scientific session on Thursday, August 22, has been officially designated as "West Virginia University School of Medicine Day."

Six members of the WVU faculty will participate in a symposium on "Neoplastic Disease in the Chest." Each speaker will be allotted approximately 25 minutes and there will be a 30-45-minute discussion period following the presentation of papers.

Doctor Watne Keynote Speaker

Dr. Alvin L. Watne, Associate Professor of Surgery, Chief of the Cancer Committee and Director of the Tumor Clinics, will be the keynote speaker and his subject will be "Etiology, Incidence and Trends of Cancer of the Lung."

The other speakers and their subjects will be as follows:

"Clinical Clues in Diagnosis of Cancer of the Lung."—Charles E. Andrews, M. D., Associate Professor of Medicine.

"The Role of Radiology in Diagnosis and Treatment of Cancer of the Lung."—Harold I. Amory, M. D., Professor and Chairman of the Department of Radiology.

"Pathological Diagnosis of Pulmonary Cancer." —Wilhelm S. Albrink, M.D., Professor and Chairman of the Department of Pathology.

"Surgical Treatment of Lung Cancer." (WVU Hospital Experience and Scalene Node Biopsy).—Richard A. Currie, M.D., Assistant Professor of Surgery.

"Anesthesiology in Chest Surgery."—Norman B. W. Craythorne, M.D., Associate Professor of Surgery and Chairman of the Division of Anesthesiology.

Doctor Warden also announced that several of the above named speakers are preparing scientific exhibits and that they will be on display in the Exhibit Center throughout the meeting.

Meetings of Program Committee

Several meetings of the Program Committee have been held since the final day of the 1962 annual meeting. The last meeting of the Committee was held in Charleston on February 10 and Doctor Warden announced at that time that arrangements for the 1963 meeting are nearing completion.

In addition to Doctor Warden, the other members of the Committee are Drs. A. C. Esposito of Huntington, Richard E. Flood of Weirton and Maynard P. Pride of Morgantown.

The Committee announced that general scientific sessions will be held on Thursday, Friday and Saturday mornings, August 22-24. As usual, meetings of the Association's Sections and Affiliated Societies and Associations will be held during the afternoon hours.

Dr. Henry F. Warden, Jr., of Bluefield, center, Chairman of the Program Committee of the State Medical Association, met recently in Charleston with committee members Dr. A. C. Esposito of Huntington and Dr. Maynard P. Pride of Morgantown to discuss plans for the 96th Annual Meeting in August.

The Committee is busy contacting potential speakers for the scientific sessions and once again some of the leading physicians and surgeons in the country will be among the guest speakers. Their names will be announced in *The Journal* during the coming months.

Two Sessions of House of Delegates

The Association's House of Delegates will meet twice during the meeting. The first session will be held on

Wednesday evening, August 21, and the second session on Saturday afternoon, August 24.

The pre-convention meeting of the Council will be held on Wednesday afternoon, August 21, and meetings of several committees also will be held at that time.

Entertainment Program by Auxiliary

The entertainment program at the convention will be presented by the Woman's Auxiliary, and the Program Committee has set aside Friday evening for the main entertainment feature for physicians, their wives and guests.

Meetings in West Virginia Wing

Once again, the general scientific sessions and many of the afternoon meetings will be held in the West Virginia Wing, which is completely air-conditioned.

Industrial and scientific exhibits also will be housed in the beautiful and spacious Exhibit Center in the West Virginia Wing.

Additional information concerning the convention at The Greenbrier will appear in future issues of *The Journal*. The complete program will appear in the issue for August.

American College of Physicians To Meet in Denver, April 1-5

More than five thousand physicians are expected to attend the 44th Annual Meeting of the American College of Physicians in Denver, Colorado, April 1-5. The scientific sessions will be held in the Municipal Auditorium and the headquarters hotel will be the Denver-Hilton.

Dr. Paul H. Revercomb of Charleston is now serving as second vice president of the ACP and Dr. Robert U. Drinkard, Jr., of Wheeling, is a member of the Board of Governors.

Dr. Wesley W. Spink of Minneapolis, Minnesota, will be installed as president during the meeting, succeeding Dr. Franklin M. Hanger of Staunton, Virginia.

Medical Meetings, 1963

The following is a partial list of national, state and district medical meetings scheduled for 1963:

Mar. 11-14—ACS Sectional Meeting, Pittsburgh.
Apr. 17-20—W. Va. Acad. Oph. and Otol., White Sulphur Springs.
Apr. 18-20—W. Va. Chapter, ACS, The Greenbrier, White Sulphur Springs.
May 1-3—W. Va. PH Association, Charleston.
May 3-4—W. Va. Soc. Med. Technologists, Clarksburg.
May 13-15—National TB Assn., Denver.
May 24-26—W. Va. Chapter AAGP, Charleston.
June 16-20—AMA Annual Meeting, Atlantic City.
Aug. 22-24—W. Va. State Medical Association, The Greenbrier, White Sulphur Springs.
Oct. 9-11—W. Va. Hospital Association, Wheeling.
Oct. 10-12—AMA School Conference, Chicago.
Oct. 25-27—Annual PG Institute, Martinsburg.
Oct. 27-31—ACS Clinical Congress, San Francisco.
Nov. 18-21—Southern Medical, New Orleans, La.
Dec. 1-4—AMA Clinical Meeting, Portland, Ore.

W. Va. Acad. Oph. and Otol. To Meet At The Greenbrier, April 17-20

Six prominent physicians have accepted invitations to appear as guest speakers at the 16th Annual Meeting of the West Virginia Academy of Ophthalmology and Otolaryngology which will be held at The Greenbrier in White Sulphur Springs, April 17-20.

Several of the speakers will present more than one paper during the meeting. Dr. William F. House of Los Angeles will present three papers on otolaryngology: "Medical and Surgical Treatment of Endolymphatic Hydrops," "Surgical Exploration of the Internal Auditory Canal and Removal of Early Acoustic Neuromas," and "Tympanoplasty, 1963."

Another speaker from Los Angeles, Dr. E. W. Johnson, will discuss "Audiometry in Differential Diagnosis," and "Aural Rehabilitation for the Non-Surgical Patient."

Dr. G. S. Fitz-Hugh of Charlottesville, Virginia, will present a paper on "Trauma of the Head and Neck as Related to Otolaryngology."

Two Baltimore physicians will appear as speakers. Dr. Harrell Pierce will discuss Retinal Detachment: Diagnosis and Surgical Management," and Dr. Frank B. Walsh will discuss a subject in the field of neuro-ophthalmology.

Dr. Byron Smith of New York City will present two papers: "Blepharoptosis," and "Entropion and Ectropion."

There will be a registration fee of $35 for associate members and a special entertainment program has been planned for wives of physicians attending the meeting.

Further information may be obtained by writing Dr. Worthy W. McKinney, secretary-treasurer, Professional Park, Beckley, West Virginia.

PG Course in Cardiology

A postgraduate course on "Recent Advances in Clinical Cardiology" will be presented at the University of Kentucky College of Medicine in Lexington, Kentucky, May 9-11. The course will consist of exercises in electrocardiography and phonocardiography, lectures, problem case presentations and panel discussions.

The registration fee is $15 and additional information may be obtained by writing to Dr. Nicholas J. Pisacano, Director, Continuation Medical Education, University of Kentucky Medical Center, Lexington, Kentucky.

Symposium on Auscultation

A symposium on "The Theory and Practice of Auscultation," sponsored by the Hahnemann Medical College and Hospital, will be held at the Sheraton Hotel in Philadelphia, April 15-17.

Registration will be limited to 1,000 and additional information may be obtained by writing to Dr. Bernard L. Segal, Symposium Director, Hahnemann Medical College and Hospital, 230 North Broad Street, Philadelphia 2, Pennsylvania.

Decline in Infant Mortality Places W. Va. Below National Average

There was a marked decline in infant mortality in West Virginia between 1950 and 1960, placing the State below the national average. According to statistics recently released by the U. S. Children's Bureau, the rate of infant deaths decreased 29.4, with a mortality rate of 25.5 per thousand live births in 1960 compared to the national average of 26.

Reporting in the weekly "State of the State's Health," Director of Health N. H. Dyer pointed out that only two other states—Arizona and New Mexico—had shown greater declines in that decade, "placing West Virginia at the top of the list of those states which have demonstrated such progress in recent years."

Declaring that there is no simple explanation for this advance, the Director of Health noted that one factor is the increase in the number of hospital deliveries. "Only 65.2 per cent of the live births in 1950 were delivered in hospitals but in 1961 this figure was 96.8 per cent."

Widespread, Intensive Education

More widespread and intensive educational efforts and improved medical care may claim the greatest credit for the decline, Doctor Dyer said. "The private physician is no longer 'someone to call just when there is trouble,' but is now consulted at regular periods during pregnancy and the growth of the infant. From the standpoint of public health services, our Division of Maternal and Child Health, supported by funds from the U. S. Children's Bureau, has certainly increased its services throughout the state in both quality and quantity the past several years."

He also called attention to the Maternal Welfare Committee, a cooperative program of the State Health Department and the West Virginia State Medical Association, for its dedication to raising the standards of obstetrics in this state. "We could have no greater pride in any form of progress than in seeing the child who lives today, and the many who will survive in the future, through the constant and dedicated efforts of all of our state's health personnel."

Asks Stronger Physical Fitness Programs

In another issue of "State of the State's Health," Doctor Dyer called for local health departments, physicians, and others interested in the well-being of young West Virginians to encourage physical fitness programs in their areas. Noting that this is the time of year when county school systems are planning for next fall's programs and facilities, health personnel were urged to encourage the inclusion of stronger physical fitness programs in the schools.

"A sound physical fitness program, as recommended by the President's Council on Youth Fitness and backed by leading national educational and medical organizations, does not call for additional staff, space or equipment. It is more a matter of educating our educators to the need of its inclusion in their present curriculum." A film entitled "Youth Physical Fitness" may be obtained from the Department of Health film library by county health units, school boards and other groups.

These four physicians appeared in behalf of the State Medical Association at an open hearing in Charleston on February 11 in opposition to identical State and House bills which would permit the organization and operation of voluntary and non-profit pre-paid medical insurance programs under control of lay, non-medical corporate boards. Left to right, Drs. Joseph L. Curry and Stephen D. Ward, both of Wheeling, Frank J. Holroyd of Princeton, Chairman of the Legislative Committee, and L. J. Pace, also of Princeton, the President.

American Soc. of Internal Medicine Meeting in Denver, March 29-31

The seventh annual meeting of the American Society of Internal Medicine will be held at the Brown Palace Hotel in Denver, Colorado, March 29-31. Business meetings will be held on Friday, March 29, and the scientific sessions on Saturday and Sunday.

The themes of the two general scientific sessions will be "The Future of Internal Medicine," and "Forces Influencing the Practice of Internal Medicine."

Additional information concerning the program may be obtained by writing the American Society of Internal Medicine, 3410 Geary Boulevard, San Francisco 18, California.

48th Session of Trudeau TB School At Saranac Lake, June 3-21

The 48th session of the Trudeau School of Tuberculosis and other Pulmonary Diseases will be held at Saranac Lake, New York, June 3-21. This annual postgraduate course for physicians, conducted under the auspices of the Trudeau Foundation and supported by the Hyde Foundation, will provide instruction at a minimal tuition of $100 for the three weeks' session.

Attendance at the Trudeau School carries with it a thorough review for specialization in pulmonary disease or for work in public health involving tuberculosis.

Further information may be obtained by writing to the Secretary, Trudeau School of Tuberculosis and other Pulmonary Diseases, Box 670, Saranac Lake, New York.

Committee on Athletic Injuries Asks Pre-Season Examinations

The State Medical Association's Committee on Athletic Injuries has recommended to the West Virginia Secondary Schools Activities Commission that it be mandatory that all participants in high school and junior high school athletic programs receive physical examinations prior to pre-season practice.

The State Medical Association's Committee on Athletic Injuries held its first meeting in Charleston on February 10. Among those attending were, seated, left to right, Drs. W. H. Rardin, Beckley; George W. Rose, Clarksburg; Richard W. Corbitt, Parkersburg, the chairman, and Robert L. Chamberlain, Buckhannon. Standing, left to right, Drs. George F. Fordham, Mullens, and Harlan A. Stiles, Huntington; Mr. W. Gordon Eismon, Parkersburg, and Mr. Johnny Cox, Milton.

The committee, which held its first meeting at the Daniel Boone Hotel in Charleston on February 10, also recommended "an intensified physical education program for all students, commensurate with maturity, within the West Virginia school system as a means of improving physical conditioning."

Dr. Richard W. Corbitt of Parkersburg is chairman of the special committee which was appointed by the President and approved by the Council at the fall meeting in Charleston last November 4.

In addition to Doctor Corbitt, members attending the meeting were Drs. Robert L. Chamberlain of Buckhannon; George F. Fordham, Mullens; Henry R. Glass, Jr., Charleston; W. H. Rardin, Beckley; George W. Rose, Clarksburg and Harlan A. Stiles, Huntington.

Mr. W. Gordon Eismon of Parkersburg, Executive Secretary of the West Virginia Secondary Schools Activities Commission, and Mr. Johnny Cox of Milton, secretary-treasurer of the West Virginia High School Coaches Association, were guests at the meeting. Also attending the meeting were Mr. William H. Lively and Mr. Jerry Gould, both of Charleston, Executive Secretary and Executive Assistant, respectively, of the State Medical Association.

The committee discussed at length various types of insurance programs now being utilized for athletes in West Virginia; athletic equipment and its effectiveness, and the necessity of proper "warm up" for athletes before entering competition.

Doctor Corbitt said he had accepted an invitation to speak before a meeting of the coaches group on March 22 in Huntington to discuss various aspects of the committee's work.

The committee also will conduct an Athletic Injury Conference in Parkersburg on June 14. The conference will be part of the annual West Virginia Coaches Association Clinic.

New Association Members

Dr. Andrew J. Kapcar, Jr., Memorial Hospital, Charleston (Kanawha). Doctor Kapcar was born in Fredericktown, Pennsylvania, and was graduated from Pennsylvania State University. He received his M.D. degree in 1955 from Jefferson Medical College, and served an internship at St. Joseph's Hospital in Philadelphia. He served a residency at Jefferson Medical College Hospital in Philadelphia, 1956-60, and he also had postgraduate work at Johns Hopkins University. He served in the United States Navy, 1946-48, and was formerly located at the Armed Forces Institute of Pathology in Washington, D. C. His specialty is pathology.

* * * *

Dr. Russell E. Straub, Romney (Potomac Valley). Doctor Straub, a native of Beavertown, Pennsylvania, was graduated from Bucknell University. He received his M.D. degree in 1938 from Temple University School of Medicine, and interned at Reading Hospital in Reading, Pennsylvania, 1938-39. He received a Masters Degree in surgery from the Graduate School of the University of Pennsylvania. He previously was located in Williamsport, Pennsylvania, and his specialty is general surgery.

* * * *

Dr. William B. Whittaker, 6158 Birkwood Road, Tallwood Acres, Huntington (Cabell). Doctor Whittaker was born in Detroit, Michigan, and was graduated from West Virginia University. He attended the two-year WVU School of Medicine and received his M.D. degree in 1960 from the Medical College of Virginia. He interned at Charleston Memorial Hospital, 1960-61, and he was previously located at Franklinton, North Carolina.

* * * *

Dr. James H. Wiley, 505 Elm Street, Morgantown (Monongalia). Doctor Wiley, a native of Logan, was graduated from West Virginia University and attended the two-year WVU School of Medicine. He received his M.D. degree in 1953 from the Medical College of Virginia, and he served an internship at the Medical College of Virginia Hospitals, 1953-54. He served a residency at the Central Dispensary and Emergency Hospital in Washington, D. C., 1954-55, and he also had postgraduate work at the Campbell Clinic in Memphis, Tennessee. He served for 18 months with the Army Air Corps and was previously located in Logan County. His specialty is orthopedic surgery.

A highbrow is the kind of person who looks at a sausage and thinks of Picasso.—Alan Patrick Herbert.

Conference on Pulmonary Diseases In Roanoke, March 24-26

The 11th Tri-State Case Conference on Pulmonary Diseases will be held at the Hotel Roanoke in Roanoke, Virginia, March 24-26. The three-day meeting will be sponsored jointly by the Thoracic Societies of North Carolina, Virginia and West Virginia.

The registration desk will open at 4 o'clock on Sunday afternoon, March 24, and the first scientific session will be held that evening. The speaker will be Dr. Oscar Auerbach of East Orange, New Jersey, whose subject will be "Epithelial Changes in the Tracheobronchial Tree in Relationship to Smoking: An Eight-Year Study."

The session on Monday will be devoted to a discussion of cases from institutions in the three states. The following cases will be discussed:

Cancer of the Lung (University of Virginia Hospital); Chronic Obstructive Diseases of the Lung (West Virginia University Hospital and Hopemont Sanitarium); and Atypical Mycobacterial Lung Disease (North Carolina Sanitorium).

Doctor Auerbach will serve as moderator at the morning session and Dr. David A. Cooper of Philadelphia will be the moderator that afternoon.

Dr. Kenneth R. Crispell, Professor of Medicine and Acting Dean of the University of Virginia School of Medicine, will serve as moderator at the final scientific session on Tuesday morning, March 26. The program will be devoted to a discussion of "Diagnostic Problem Cases" presented by staff members of the Medical College of Virginia Hospitals.

Dr. Richard V. Lynch, Jr., of Clarksburg, President of the West Virginia Thoracic Society, has announced that state physicians are invited to attend the conference. Reservations should be made by writing to Dr. Morris H. O'Dell, 8 Brooks Medical Building, Charleston 1, West Virginia, or through the West Virginia Tuberculosis and Health Association, P. O. Box 341, Charleston 22, West Virginia.

Refresher Course in Pediatrics

A Refresher Course in Pediatrics for pediatricians and general practitioners will be held at the Children's Hospital of Philadelphia, May 27-31. The curriculum will consist of lectures and clinics, given by members of the hospital staff, in selected aspects of contemporary pediatrics in which important advances are being made.

The registration fee is $150 for the five-day course. Further information may be obtained by writing to the Post Graduate Education Committee, Children's Hospital of Philadelphia, 1740 Bainbridge Street, Philadelphia 46, Pennsylvania.

Doctor Butler Named Fellow

Dr. Andrew K. Butler of Wheeling was among the more than sixty radiologists who were made Fellows of the American College of Radiology during the annual meeting of that organization which was held in Chicago, February 6-8.

Dr. Kenneth G. MacDonald, left, was installed as president of the Kanawha Medical Society at the annual dinner-dance held at the Daniel Boone Hotel in Charleston on January 26. Also shown, left to right, are Dr. George R. Callender, Jr., the toastmaster; the guest speaker, Dr. Leonard Riggleman, president of Morris Harvey College; and Dr. Robert C. Bock, immediate past president of the Society.

Spring Congress Will Be Held At Roanoke, April 1-5

The 36th Annual Spring Congress in Ophthalmology and Otolaryngology and Allied Specialities will be held in Roanoke, Virginia, April 1-5.

Dr. Rudolf Witmer, director of the Zurich Clinic in Zurich, Switzerland, will be among the guest speakers at the meeting sponsored by the Gill Memorial Eye, Ear and Throat Hospital.

Further information may be obtained by writing to the Superintendent, Gill Memorial Eye, Ear and Throat Hospital, Box 1789, Roanoke, Virginia.

PG Course in Anesthesiology

A postgraduate course on "A Decade of Progress in Anesthesiology" will be presented at the Cleveland Clinic Educational Foundation in Cleveland, April 17-18.

The fee for the two-day course is $30 and registration will be limited to 125 persons. Further information may be obtained by writing Dr. Walter J. Zeiter, Director of Education, The Cleveland Clinic Educational Foundation, 2020 E. 93rd Street, Cleveland, Ohio.

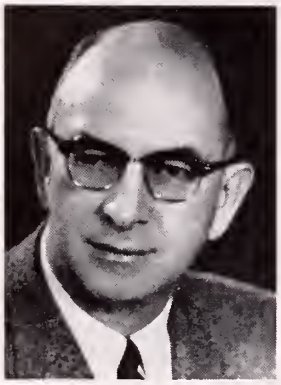
Symposium in St. Petersburg

A Symposium on "Changing Concepts in Respiratory Diseases" will be held at the Mound Park Hospital in St. Petersburg, Florida, March 14-16. The registration fee is $40 and attendance is limited to 35 physicians.

Further information may be obtained by writing Respiratory Diseases, Mound Park Hospital Foundation, 701 Sixth Street South, St. Petersburg, Florida.

Annual AAGP Scientific Assembly In Chicago, April 1-4

The 15th Annual Scientific Assembly of the American Academy of General Practice will be held in Chicago, April 1-4. More than 4,000 family physicians are expected to attend the four-day meeting.



Seigle W. Parks, M. D.

Carl B. Hall, M. D.

Dr. Seigle W. Parks of Fairmont and Dr. Carl B. Hall of Charleston will represent the West Virginia Chapter, AAGP. Alternate delegates are Drs. Myer Bogarad of Weirton and Halvard Wanger of Shepherdstown.

The West Virginia delegates will attend the two-day annual meeting of the Academy's Policy-Making Congress of Delegates, which will be held at the Palmer House, March 30-31.

The scientific program will open on Monday afternoon, April 1, and the Assembly this year will feature as its theme "Perspectives in Medicine." The program will be geared to re-exploration and reconfirmation of old values, and evaluation of new ones in the light of the cornerstone of medical practice—patient, family and community.

Twenty-six prominent physicians and surgeons will present papers at the scientific sessions which will be held in Chicago's new McCormick Place. In addition to the formal lectures, more than 300 scientific and industrial exhibits will be on display under the same roof.

One of the features of the meeting will be a session devoted to a discussion of the subject, "The Government's Role in Medical Care." Dr. Walter P. Judd, former Congressman from Minnesota, will serve as moderator at the afternoon session which will cover current legislative proposals on health care for the aged with their implications in terms of the profession generally and the individual doctor specifically.

The President's reception and dance will be held on Wednesday evening, April 3. Academy officers and their wives will receive guests at this social highlight of the meeting.

Preceding the reception, Dr. Albert E. Ritt of St. Paul, Minnesota, the president elect, will receive the gavel from Dr. James D. Murphy of Fort Worth, Texas, the retiring president.

Limited Funds Available for Heart Research Work in West Virginia

The West Virginia Heart Association has a limited amount of funds available for student research in cardiovascular disease in West Virginia.

Medical students may obtain a maximum of $800 for working on an approved research project in a West Virginia laboratory or hospital during summer vacations.

Complete information and applications are available from the West Virginia Heart Association, 759 West Washington Street, Charleston, West Virginia.

Cardiac Symposium in Washington

A Cardiac Symposium will be held at the Marriott Motor Motel-Twin Bridges in Washington on April 10. The one-day meeting will be sponsored jointly by the Heart Association of Northern Virginia and the Washington Heart Association.

Drs. W. Proctor Harvey and Joseph Beinstein are the co-chairmen and they have announced that the following physicians will be among the guest speakers: Drs. Charles K. Friedberg, Sol Katz, William Likoff, Bruce Logue, Bernard Lown and Louis A. Soloff.

Physicians in West Virginia have been extended a cordial invitation to attend the meeting. Additional information may be obtained by writing Mrs. Anna C. Van Sickler, Executive Director, 609 N. Edgewood Street, Arlington 1, Virginia.

Relocations

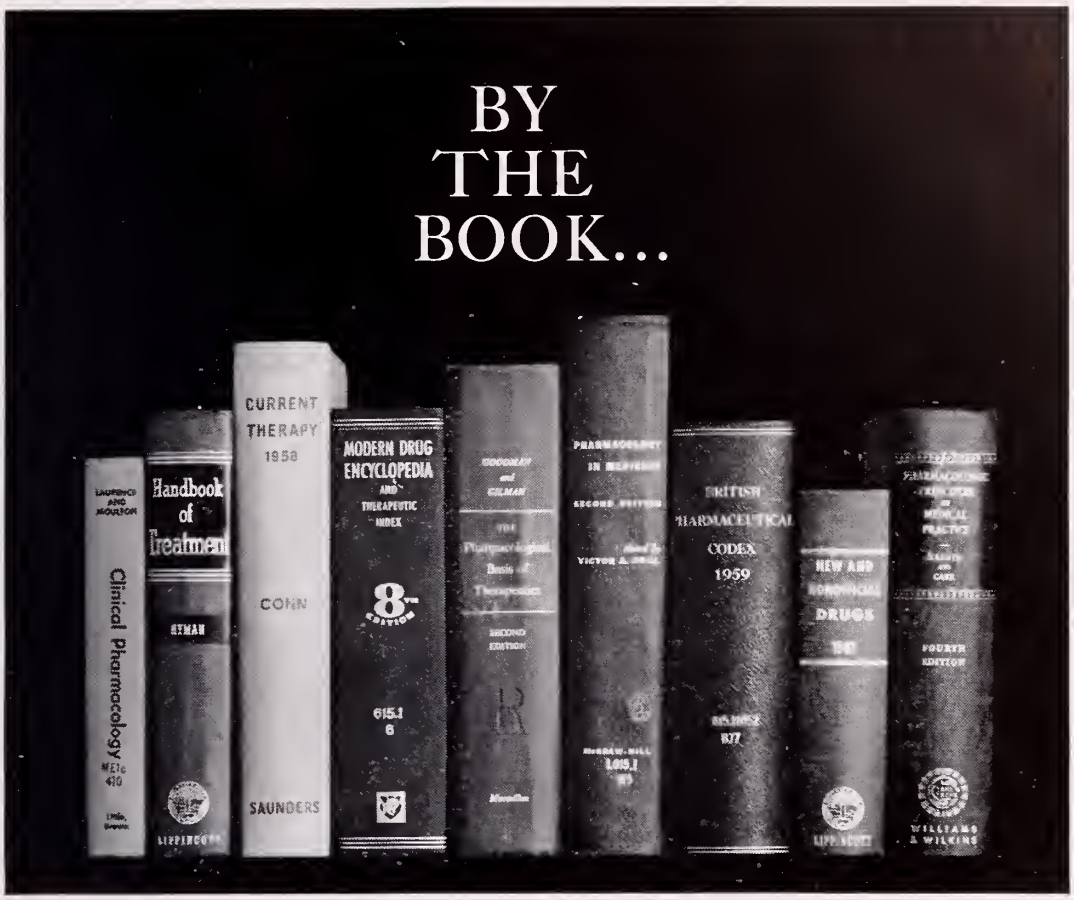
Dr. Richard J. Lilly of Parkersburg, who practiced his specialty of psychiatry in that city during the past three years and who formerly served as Director of the West Virginia Department of Mental Health, moved recently to Michigan to assume duties as assistant medical superintendent at Northville State Hospital.

Library Reference Service Available At WVU Medical Center

The introduction of a Xerox 914 Copier at the West Virginia University Medical Center Library has made possible an improved service to physicians in the State.

Requests for periodical articles or limited material from books will be filled by sending easily readable and permanent copies of the material to the physician, eliminating the mailing back and forth of heavy bound volumes. An exception will be made for articles which contain a number of illustrations which do not lend themselves to copying. In these instances, the article or volume will be mailed.

To cover the cost of this service, a charge of 10 cents per page will be made. If the number of pages is five or less, no charge will be made. Requests should be mailed or telephoned to the WVU Medical Center Library, Morgantown, W. Va.



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—News—

DEAN Clark K. Sleeth announced that 60 students have been accepted as members of the first-year class at the West Virginia University School of Medicine. Fifty members of the class, which will enroll next September, are residents of West Virginia and 18 are from towns of less than 2,000 population.

Seven members of the class are children of physicians and all geographical areas of the State are represented. The median age is 21 and 34 completed their pre-medical work at West Virginia University, seven at Marshall University and seven at other West Virginia colleges. The class also numbers among its members the first student from outside the continental United States to enroll.

Selections were based on more than 1,300 inquiries received from residents and non-residents. Of that number, 320 filed formal and detailed applications. In addition to a personal interview, selections were based on relative national standing on the Medical College Admission Test and pre-medical grades.

The first class of 15 physicians received M. D. degrees last June from the WVU School of Medicine. Continuing toward completion of their four-year curriculum this year are 44 seniors, 42 juniors, 60 sophomores and 60 freshmen.

Members of the new class, their home towns and undergraduate institution follow:

Jerome Arnett, Rowlesburg, Bridgewater College.
Robert J. Bauer, Huntington, Marshall University.
Darrell C. Belcher, Red Sulphur Springs, Berea College.
Walter B. Bice, Enterprise, WVU.
Wilfred S. Boayue, Bunadee, Liberia, WVU.
James Boso, Huntington, Marshall University.
Richard C. Brooke, Lumberport, Johns Hopkins University.
Charles W. Caldwell, Dunbar, WVU.
Lewis V. Campbell, Gallipolis, Ohio, Ohio State University.
James S. Carter, Bluefield, WVU.
David W. Coghe, Johnstown, Pennsylvania, University of Pittsburgh.
Jackie Lee Collins, Huntington, Marshall University.
James C. Cosmides, Wheeling, WVU.
Anthony G. DiBartolomeo, Weirton, WVU.
Jerry A. Dorsch, Warwood, Washington & Jefferson.
David J. Evans, Chicago, Illinois, University of Illinois.
George T. Evans, Fairmont, WVU.
James O. Fridley, Wardensville, West Virginia Wesleyan.
Myron S. Gessner, Wheeling, Antioch College.
Richard T. Griffey, Prosperity, WVU.

• **Compiled from material furnished by Howard Lewis, Administrative Assistant to the Vice President, West Virginia University Medical Center, Morgantown, West Virginia.**

Frank C. Criswold, Beckley, University of Kansas.
James F. Grow, Cuyahoga Falls, Ohio, WVU.
Martha A. Halton, Martinsburg, Shepherd College.
Joseph L. Hamrick, Fairmont, WVU.
Larry O. Harper, Clendenin, WVU.
Richard L. Hess, Clarksburg, WVU.
Nancy J. Jennings, Morgantown, WVU.
Nola P. Jones, Fairmont, Fairmont State College.
Richard S. Kerr, Morgantown, WVU.
Margaret A. Kessinger, Beckley, WVU.
Albert J. Kolibash, Benwood, WVU.
Alan D. Kornblut, Fairfield, Connecticut, New York University,
Valeria S. Kullman, Fairmont, Fairmont State College.
Bernard J. Long, Ashby, WVU.
Hugh J. McClung, Hartford, WVU.
Lewis H. McConnell, West Union, WVU.
Douglas McKinney, Pineville, WVU.
Gary L. McMillan, Vienna, Marshall University.
Paul Malone, Grafton, WVU.
Joseph R. Metz, Erie, Pennsylvania, University of Pittsburgh.
Jimmy Morrison, Huntington, Marshall University.
Anthony J. Oliverio, Fairmont, WVU.
Louis C. Palmer, Morgantown, WVU.
Charles V. Porter, McMechen, WVU.
Gerald Ravitz, Verona, New Jersey, University of Vermont.
David Santrock, Dunbar, WVU.
Linda L. Shaffer, Clarksburg, WVU.
David L. Shifrin, Carnegie, Pennsylvania, Washington & Jefferson.
Jeffry S. Shultz, Shepherdstown, Shepherd College.
Scott L. Sibert, Brownsville, Pennsylvania, University of Pittsburgh.
Richard Sibley, Nitro, WVU.
Rutherford C. Sims, Raysal, Marshall University.
Nancy A. Spitznogle, Follansbee, WVU.
Michael Steiner, Huntington, Marshall University.
Carole Stevenson, Morgantown, WVU.
Danna C. Swan, Huntington, WVU.
William L. Teano, Oak Hill, WVU.
Irene J. Tregoning, Ravenswood, WVU.
Robert K. Webb, Sistersville, WVU.
Jeffrey M. Yost, Paden City, WVU.

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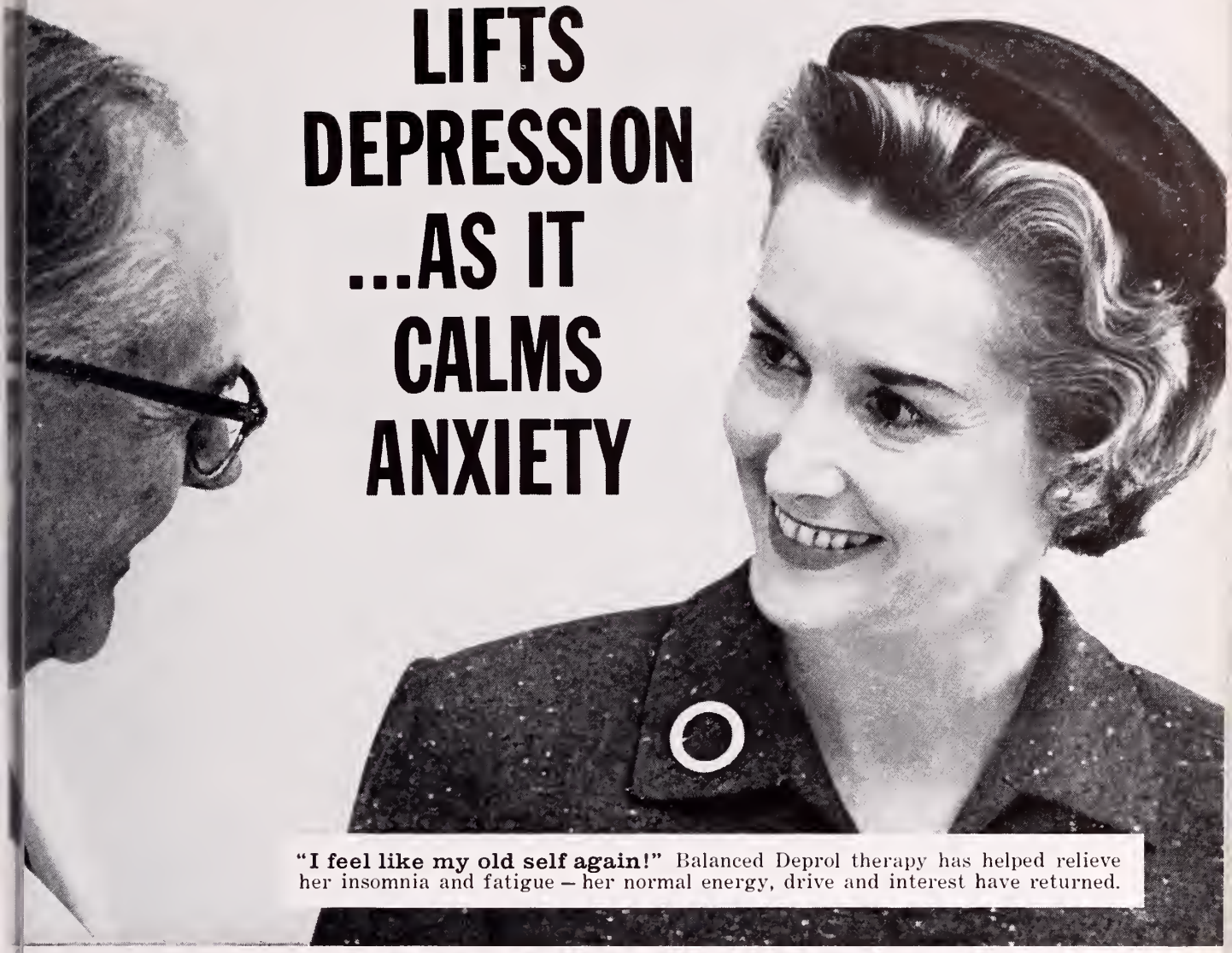

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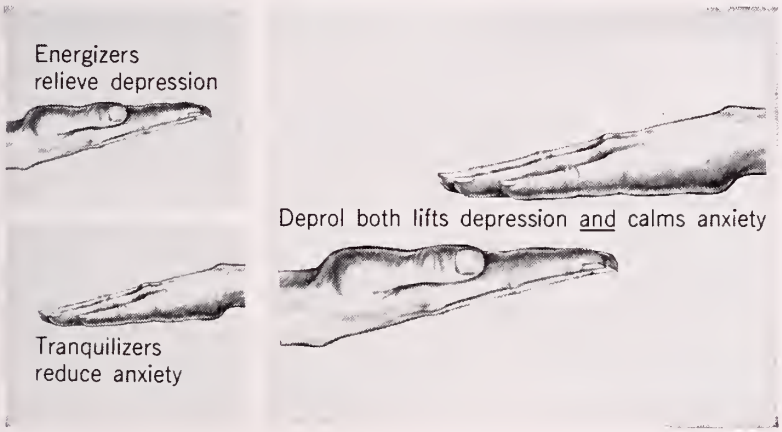

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The Month in Washington

• From the Washington Office of the American Medical Association.

PRESIDENT Kennedy submitted to Congress a proposed new multi-million dollar program to combat mental illness and mental retardation calling for the establishment of hundreds of community health centers. The program would be financed jointly by the federal and state or local governments, similar to the Hill-Burton program for construction of hospitals. It was estimated the program would cost hundreds of millions of dollars eventually, if approved by Congress and fully implemented at the state and local level. Congress was asked to appropriate $31.3 million in fiscal 1964 for the program.

President Kennedy listed three objectives: (1) determining the causes of mental illness and mental retardation and finding effective treatments for them; (2) research and training of skilled personnel; (3) strengthening and improvement of programs and facilities for treating the mentally afflicted.

"This approach is designed, in large measure, to use federal resources to stimulate state, local and private action," President Kennedy said. "When carried out, reliance on the cold mercy of custodial isolation will be supplanted by the open warmth of community concern and capability. Emphasis on prevention, treatment and rehabilitation will be substituted for a desultory interest in confining patients in an institution to wither away."

President Asks for Prompt Action

The President asked for prompt Congressional approval of legislation that would:

(1) Authorize grants to the states beginning in fiscal 1965 for establishment of comprehensive community mental health centers with the federal government providing from 45 to 75 per cent of the project costs and short-term grants for initial staffing costs. The federal government would provide up to 75 per cent of operation costs in early months and phase out such support in about four years.

(2) Set up a five-year program, starting with $5 million in the next fiscal year, for project grants to stimulate state and local health departments in planning, in initiating and developing programs. The goal would be prevention of mental retardation.

(3) Establish project grants to states to promote public planning for comprehensive state and community action on retardation, plus provision of federal funds for up to 75 per cent of the construction costs of mental retardation research centers.

(4) Amend the Vocational Rehabilitation Act to provide additional federal financial assistance for services to the mentally retarded and others whose vocational rehabilitation potential is difficult to determine. The legislation would permit rehabilitation services to a mentally retarded person up to 18 months.

Boost in NIH Budget Requested

The Kennedy Administration's budget for fiscal 1964 calls for increases for all activities of the National Institutes of Health with a boost of nearly 50 per cent, to $166 million, for mental health work.

The estimated expenditures in the new budget for medical research through NIH totalled $850 million, $113 million more than the estimate for the current fiscal year. The total was somewhat surprising in that Kennedy expressed dissatisfaction last year when Congress appropriated $100 million more for NIH than he had requested.

In a special message to Congress "on improving American health," President Kennedy renewed requests for grants for medical and dental schools, air pollution control, health research, vocational rehabilitation, encouragement of group practice, improving maternal and child care and health and community health services.

The President also said there was a "clear and urgent need" for tighter control over the marketing of food, drugs, therapeutic devices and cosmetics.

Kennedy urged a five-year extension of the Hill-Burton Act providing federal aid for construction of health facilities, due to expire June 30, 1964. He asked an additional $35 million to provide financial assistance for modernizing or replacing hospitals and nursing homes under the law.

He said the need for "high quality" nursing homes would be "especially great" and urged an increase in the budget for such facilities from $20 million to $50 million annually.

The President asked Congress to adopt legislation to abate interstate air pollution along the lines of the existing water pollution control enforcement measures

The AMA again supported federal aid in construction, expansion and modernization of medical school facilities—"a one-time expenditure of federal funds . . . where the maximum freedom of the school from federal control is assured."

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Obituaries

HARRY ELMER BEARD, M. D.

Dr. Harry Elmer Beard, 65, of Huntington, died suddenly in that city on February 7. Death was attributed to a heart attack.

Doctor Beard was born at Upland, Mason County, on October 30, 1897, son of the late Charles T. and Ellen Frances Beard. He attended the two-year School of Medicine at West Virginia University and received his M. D. degree in 1927 from the University of Virginia School of Medicine. He was licensed to practice in West Virginia that same year.

He interned at St. Mary's Hospital in Huntington, 1927-28, and served a residency at that hospital, 1928-29. He had served as medical director of the St. Mary's School of Nursing since 1947 and was chief of staff at that hospital in 1952.

Doctor Beard served in the Medical Corps of the United States Army during World War II and was released in 1946 with the rank of Major.

He was a member of the Cabell County Medical Society, West Virginia State Medical Association and the American Medical Association.

Besides his widow, he is survived by two daughters, Mrs. W. Ernest Turner and Mrs. C. William Gates, both of Huntington.

* * * *

BENJAMIN H. BIDDLE, M. D.

Dr. Benjamin Harrison Biddle, 74, of Nutter Fort, Harrison County, died at a hospital in Clarksburg on December 17 after a long illness.

Doctor Biddle was born at Athens, Ohio, on October 16, 1888, the son of the late John F. and Mary C. Kester Biddle. He was a graduate of Ohio University and received his M. D. degree in 1916 from the University of Maryland School of Medicine in Baltimore. He was licensed to practice medicine in West Virginia that same year.

He practiced in Lancaster, Ohio, before moving to Nutter Fort in 1959. He was a member of the Harrison County Medical Society, the West Virginia State Medical Association and the American Medical Association.

Besides his widow, he is survived by a daughter, Mrs. William A. Stewart of Vandenburg Air Force Base, California.

* * * *

THOMAS VINCENT GOCKE, M. D.

Dr. Thomas Vincent Gocke, 63, of Clarksburg, died at the winter home of his sister in Coral Gables, Florida, on February 9.

Doctor Gocke, who had practiced his specialty of surgery in Clarksburg for more than 30 years, was the

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ERNEST G. GUY, M. D.

Pediatrics:
CORA C. LENOX, M. D.

Dentistry:
GLENN B. POLING, D. D. S.

Anesthesiology
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RUSSELL C. HERMAN, M. D.

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brother of Dr. William T. Gocke of Miami, Florida, and the uncle of Dr. Jack T. Gocke of Clarksburg.

He was born at Piedmont, Mineral County, on July 5, 1899, son of Thomas W. and Mary Frances Gocke. He attended the public schools in Piedmont and the two-year School of Medicine at West Virginia University. He received his M. D. degree in 1923 from Jefferson Medical College and was licensed to practice medicine in West Virginia that same year.

Doctor Gocke interned at Grant Hospital in Columbus, Ohio, 1923-24, and opened his practice in 1924 at Covel in Wyoming County. He later practiced at Barrett, Boone County, and in Breckenridge, Texas, before coming to Clarksburg in 1929.

Doctor Gocke was a Fellow of the American College of Surgeons, a member and past president of the Harrison County Medical Society, and a member of the West Virginia State Medical Association, Southern Medical Association and the American Medical Association.

Besides his widow, brother and nephew, he is survived by two sons, Thomas Gocke of Morgantown, and James Gocke, a freshman at West Virginia University; three daughters, Mrs. Stephen Borchet, Naples, Italy; Mrs. A. E. Seeds, Baltimore, Maryland; and Mrs. Robert Westbrook, Clarksburg; a brother, Paul F. Gocke, Danville, Illinois; and one sister, Mrs. Richard T. Sanner, Grosse Point, Michigan.

Automobiles (And Now Rabbits) Have Replaced Horses

The effect of the economic motive can be detected in areas other than the obvious ones. Producing antipneumococcic serum from horses required many months and thus could not meet the demands of a changing market. Also this process was inefficient because the titer eventually achieved after many immunizations was not very high, and sometimes a horse would fail to produce serum of usable titer no matter how many times he had been immunized.

Rabbits had been shown to produce antipneumococcic serums of high titer; they could be housed and handled more easily than horses; serum could be produced from them more quickly and thus the needs of the market could be followed more closely.

Pharmaceutical manufacturers experimented with the production of commercial antipneumococcic serum from rabbits, found it feasible, and within a short time the production of antipneumococcic serum from horses was past history.—Harry F. Dowling, M.D., in Archives of Internal Medicine.

Doctors should urge their patients to think twice before succumbing to the temptations of mail-order economy in the area of ethical pharmaceuticals. The delays inherent in mail-ordering as well as the uncertainty as to what is delivered—and when—should convince the reasonable patient that he is ahead by having his prescription filled by his regular local druggist.—Wisconsin Medical Journal.

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County Societies

HARRISON

Dr. William Cooper of Pittsburgh was the guest speaker at the regular monthly meeting of the Harrison County Medical Society at the Stonewall Jackson Hotel in Clarksburg on February 7.

Doctor Cooper, associate professor of medicine at the University of Pittsburgh School of Medicine, presented a paper on "Anemia and Its Diagnosis."

Dr. Andrew J. Weaver, the president, presided at the business meeting and the speaker was introduced by Dr. Herman Fischer.

* * * *

KANAWHA

Dr. Leonard Riggleman, president of Morris Harvey College, was the speaker at the annual dinner-dance sponsored by the Kanawha Medical Society at the Daniel Boone Hotel in Charleston on January 26.

Doctor Riggleman's speech entitled "Is There a Doctor in the House?" was sprinkled with good humor but also contained a serious message for the physician. He urged that a close personal relationship be maintained between physicians and their patients.

Dr. George R. Callender, Jr., served as master of ceremonies and introduced the guest speaker.

Dr. Kenneth G. MacDonald was formally installed as president of the Society for the coming year, succeeding Dr. Robert C. Bock. Other new officers are Dr. George L. Grubb, vice president, and Dr. William E. Lawton, secretary-treasurer.

The dinner-dance was attended by 150 physicians, their wives and guests.—Harry M. Brawley, Executive Secretary.

* * * *

LOGAN

Dr. Thomas P. Long of Man was elected president of the Logan County Medical Society at the December meeting which was held at the East End Barbecue in Logan. He succeeds Dr. Luke Combs of Man.

Dr. Dana T. Moore of Omar and Dr. Lyle Boyea of Man were elected vice president and secretary-treasurer, respectively.

* * * *

MERCER

Dr. Roy R. Raub of Bluefield presented an interesting address on various types of knee injuries at the regular monthly meeting of the Mercer County Medical Society which was held at the West Virginian Hotel in Bluefield on January 21.

Dr. James E. McGee, Jr., the president, presided at the business meeting at which Dr. Upshur Higginbotham of Bluefield introduced a resolution commending Dr. N. Allen Dyer for his excellent service as Mercer County Health Officer. Doctor Dyer recently joined the staff of the State Department of Health in Charleston.

Dr. J. E. Blaydes, Jr., of Bluefield, discussed the Association of American Physicians and Surgeons and urged members of the Society to join that organization.—J. Brookins Taylor, M. D., Secretary.

* * * *

MONONGALIA

Dr. C. A. Logue of Morgantown was elected president of the Monongalia County Medical Society at the regular monthly meeting which was held in Morgantown on December 4. He succeeds Dr. C. Truman Thompson of Morgantown.

Dr. R. F. Krause was named vice president for the coming year and Drs. George A. Curry and John A. Trotter were reelected secretary and treasurer, respectively. Doctor Thompson was elected to a three-year term as a member of the Board of Censors and Dr. Robert J. Fleming to a two-year term to the House of Delegates of the State Medical Association.—C. A. Logue, M. D., Acting Secretary.

Dr. Alvin L. Watne, Associate Professor of Surgery at the West Virginia University School of Medicine, was the guest speaker at the regular monthly meeting of the Monongalia County Medical Society in Morgantown on January 8.

Doctor Watne, who is Chief of the Cancer Committee and Director of the Tumor Clinics at the WVU School of Medicine, presented an interesting talk on "The Role of Anti-Cancer Drugs in the Treatment of Carcinoma." Color slides were shown to demonstrate their effectiveness.

Dr. C. A. Logue, the president, presided at the business meeting which was attended by 43 members.—George A. Curry, M. D., Secretary.

* * * *

RALEIGH

Dr. Maurice Bakaleinik of Beckley was the guest speaker at the regular monthly meeting of the Raleigh County Medical Society which was held in Beckley on January 21.

Doctor Bakaleinik, staff surgeon at the Beckley VA Hospital, presented an interesting paper on "The Errors and Safeguards in the Transoperative Period."

Dr. Charles W. Merritt, chairman of the Public Relations and Liaison Committee, presented a report on bills of interest to the medical profession now before the West Virginia Legislature.—Warren D. Elliott, M. D., Secretary.

Disease Eradication by Cooperation

With the introduction of the sulfonamides and the antibiotics, much security developed in the profession's and in the public's mind. Prior to the antimicrobial era, about 50 per cent of all deaths were due to or associated with infection.

Probably syphilis, gonorrhea and tuberculosis could be eradicated with universal cooperation.—H. Close Hesseltine, M. D., in Trustee.

OFFICERS OF COMPONENT SOCIETIES

Society	President		Secretary		Meetings
Barbour-Randolph-Tucker	Raymond W. Cronlund	Philippi	A. Kyle Bush	Philippi	3rd Thurs.
Boone	W. V. Wilkerson	Whitesville	Harold H. Howell	Madison	2nd Wed.
Brooke	James E. Wise	Follansbee	H. L. Hegner	Wellsburg	
Cabell	Jack Leckie	Huntington	W. L. Neal	Huntington	2nd Thurs.
Central West Virginia	Elden H. Pertz	Weston	R. L. Chamberlain	Buckhannon	As Scheduled
Eastern Panhandle	N. B. Groves	Martinsburg	F. A. Hamilton, Jr.	Martinsburg	2nd Wed.
Fayette	Joe N. Jarrett	Oak Hill	Dora A. Blake	Oak Hill	1st Wed.
Greenbrier Valley	E. L. Crumpacker	White Sul. Spgs.	Robert G. Shirey	Lewisburg	2nd Wed.
Hancock	Irwin M. Bogarad	Weirton	David H. Williams	Weirton	2nd Tues.
Harrison	Andrew J. Weaver	Clarksburg	Richard K. Hanifan	Clarksburg	1st Thurs.
Kanawha	Kenneth G. MacDonald	Charleston	William E. Lawton, Jr.	Charleston	2nd Tues.
Logan	Thomas P. Long	Man	Lyle A. Boyea	Man	2nd Wed.
Marion	C. S. Lawson, Jr.	Fairmont	G. Thomas Evans	Fairmont	Last Tues.
Marshall	Kenneth J. Allen	Moundsville	J. W. Myers	Moundsville	Semi-Ann.
Mason	C. Leonard Brown	Pt. Pleasant	Rhodes Quisenberry	Pt. Pleasant	Bi-Monthly
McDowell	Dante Castrodale	Welch	J. Hunter Smith	Welch	2nd Wed.
Mercer	James E. McGee	Bluefield	J. Brookins Taylor	Bluefield	3rd Mon.
Mingo	J. C. Lawson	Williamson	Russell A. Salton	Williamson	2nd Wed.
Monongalia	C. A. Logue	Morgantown	George A. Curry	Morgantown	1st Tues.
Ohio	Charles H. Hiles	Wheeling	H. G. Dickie, Jr.	Wheeling	4th Tues.
Parkersburg Academy	Robert M. Biddle	Parkersburg	F. P. Greene	Parkersburg	1st Thurs.
Potomac Valley	Lysle T. Veach	Petersburg	Robert W. McCoy, Jr.	Keyser	2nd Wed
Preston	F. A. Kennedy	Hopemont	C. Y. Moser	Kingwood	4th Thurs.
Raleigh	Preston C. Davis	Beckley	Warren D. Elliott	Beckley	3rd Thurs.
Summers	A. W. Holmes	Hinton	J. W. Stokes	Hinton	3rd Mon.
Taylor	K. H. Trippett	Grafton	Paul P. Warden	Grafton	Last Thurs.
Wetzel	Lemoyne Coffield	New Martinsville	Charles P. Watson	New Martinsville	Monthly
Wyoming	George F. Fordham	Mullens	Ross E. Newman	Mullens	Quarterly

Woman's Auxiliary

to the

WEST VIRGINIA STATE MEDICAL ASSOCIATION

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Corresponding Secretary: Mrs. C. J. Holley, Wheeling
Parliamentarian: Mrs. J. E. Spargo, Jr., Wheeling

HANCOCK

Mrs. Howard G. Weiler of Wheeling was the guest speaker at a meeting of the Woman's Auxiliary to the Hancock County Medical Society which was held at the Weirton General Hospital in Weirton on January 15.

Mrs. Weiler, who is president of the Woman's Auxiliary to the State Medical Association, presented an interesting address on legislation which came before the 56th West Virginia Legislature.

Mrs. E. M. Clubb, Jr., of Weirton, the president, presided at the business meeting which included committee reports by Mrs. Roy G. Conrad and Mrs. E. L. Justice.

* * * *

HARRISON

The regular meeting of the Woman's Auxiliary to the Harrison County Medical Society was held at the Stonewall Jackson Hotel in Clarksburg on February 7.

Miss Louyse Ann Lowther, recipient of a scholarship from the Woman's Auxiliary to the State Medical Association, reviewed her three years of college work in the field of medical technology.

Mrs. Charles S. Harrison, the president, presided at the business meeting.

* * * *

MARION

Miss Esther Levine of Fairmont was the guest speaker at the regular monthly meeting of the Woman's Auxiliary to the Marion County Medical Society which was held at the Town House Motel restaurant in Fairmont on January 29.

Miss Levine, a registered medical technologist, presented a talk on "Medical Technology as a Profession" at the luncheon meeting. She said there are 31,000 medical technologists in the United States today and that at least twice that number are needed.

Mrs. Paul S. Gotses, the president, presided at the business meeting which followed the address by Miss Levine.

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MERCER

The Woman's Auxiliary to the Mercer County Medical Society met at the home of Dr. and Mrs. James E. McGee, Jr., in Bluefield on January 21.

Twenty-five members attended the first meeting of the year. Assisting Mrs. McGee as hostesses were Mesdames Charles G. Thedieck, Jr., Albert J. Paine, William M. Bruch, W. F. Hillier, Jr., and P. R. Fox.

* * * *

RALEIGH

Dr. Preston C. Davis of Beckley was the guest speaker at the regular monthly meeting of the Woman's Auxiliary to the Raleigh County Medical Society which was held at the Beckley-Winn Hotel in Beckley on January 21.

Doctor Davis, president of the Raleigh County Medical Society, discussed advances which have been made in the health care field in recent years.

Mrs. Richard G. Starr, the president, presided at the business meeting.

We are spending three times as much in public assistance to care for non-productive disabled people as it would cost to make them self-sufficient and tax paying members of their communities . . . rehabilitated persons as a group pay back in federal income tax many times the cost of their rehabilitation.—W. Scott Allen, "Rehabilitation: A Community Challenge," John Wiley & Sons, Inc.

A Great Detriment to Public Health

Today tuberculosis, pneumonia and other scourges of the recent past are no longer among the top ten killers, due largely to break-through in drug therapy.

Keeping a useful drug off the market or unduly delaying its marketing may frequently in itself be a great detriment to public health. Today we regard the drugs of 1942 as outmoded. It is to be hoped that the doctors of 1982 will consider the drugs of 1962 just as outmoded.

That can be accomplished only by continuation of the present dynamic drug research program.—Chester S. Keefer, M.D., Director, Boston University-Massachusetts Memorial Hospitals Medical Center, to House Interstate and Foreign Commerce Committee.

Symposium on Heart Disease

A symposium on "Three Days of Cardiology" will be sponsored by the American Heart Association and the Emory University School of Medicine in Atlanta, Georgia, March 27-29.

This is the first of three postgraduate courses to be sponsored this year by the Council on Clinical Cardiology of the American Heart Association, jointly with affiliated associations and medical schools.

The registration fee is $30 for the three-day meeting. Additional information may be obtained by writing to the Emory University School of Medicine, 69 Butler Street, S.E., Atlanta, Georgia.

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A. J. Berlow, M. D.

Ophthalmology:
Robert A. Dye, M. D.
R. S. Perry, M. D.

Orthopedic Surgery:
C. B. Buffington, M. D.
G. B. Krivchenio, M. D.

Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibold, M. D.
Robert T. Brondfass, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.
Frank M. Hudson, M. D.

Internal Medicine:
Charles H. Hiles, M. D.
Albert M. Valentine, M. D.
James A. Jacob, Jr., M. D.

Psychiatry and Neurology
Albert L. Wanner, M. D.
Stephen D. Ward, M. D.
David H. Smith, M. D.

Roentgenology:
William K. Kalbfleisch, M. D.

Clinical Laboratories:
Nancy Fondriest, M. T.

Technologists:
Electrocardiography:
Patricia Pastor, R. N.
Electroencephalography:
JoAnn Hastings
Roentgenology:
Evelyn Forester, R. T.

Business Managers
John H. Clork
Lester L. Cline

Book Reviews

GYNECOLOGY—By Langdon Parsons, M. D., Professor of Obstetrics and Gynecology, Boston University School of Medicine; Chief of Gynecology, Massachusetts Memorial Hospital; and Sheldon C. Sommers, M. D., Pathologist, Scripps Memorial Hospital. Pp. 1250, with illustrations. Philadelphia and London: W. B. Saunders Company. 1962. Price $20.00.

Several new concepts are combined in this book which separate it from the many other books on gynecology published in the past few years. The fact that it is the combined efforts of a clinician and a pathologist is unique. Reviews of surgical procedures, techniques, and anatomy are conspicuous by their absence. A new organization of the subject by division into age groups is of great value in orienting our thinking to the patient instead of a single disease entity.

Age grouping by decades of life helps the practitioner or student to learn, organize, and remember the main problems that occur when presented with a patient of a specific age. These are well defined and often demand a varied approach depending if encountered in periods of growth, development, maturation, maturity, senescence, or senility.

The authors illustrate well the changing trend toward making a book not only accurate and informative but also a pleasure to read. Especially helpful are the many hypothetical clinical questions and answers throughout the chapters.

The reviewer feels this book to be far above the average publication on the subject.—John T. Chambers, M. D.

* * * *

MALPRACTICE LAW DISSECTED FOR QUICK GRASPING—By Charles L. Cusamano. Medicine Law Press, Inc., 42 Broadway, New York 4, N. Y.

This book was published in October, 1962, and is designed to give the physician some understanding of the relationship and contract between physician and patient. The duties of the physician to a patient are outlined and also the basis of liability of the physician.

The common malpractice grounds are reviewed, also some of the unusual sources of malpractice.

There is a discussion of the Good Samaritan relationship, i.e. the matter of emergency care that boomerangs into legal liability, but the proper process of disproving such a possible charge is so complex that it would make most doctors reluctant to offer aid to the injured on the roadside.

There are chapters on dentists', nurses' and hospital liability. It indicates where proper medico-legal forms are available. It also claims that the usual hospital blanket consent forms are useless.

If the physician shall avoid all hazard of legal as-

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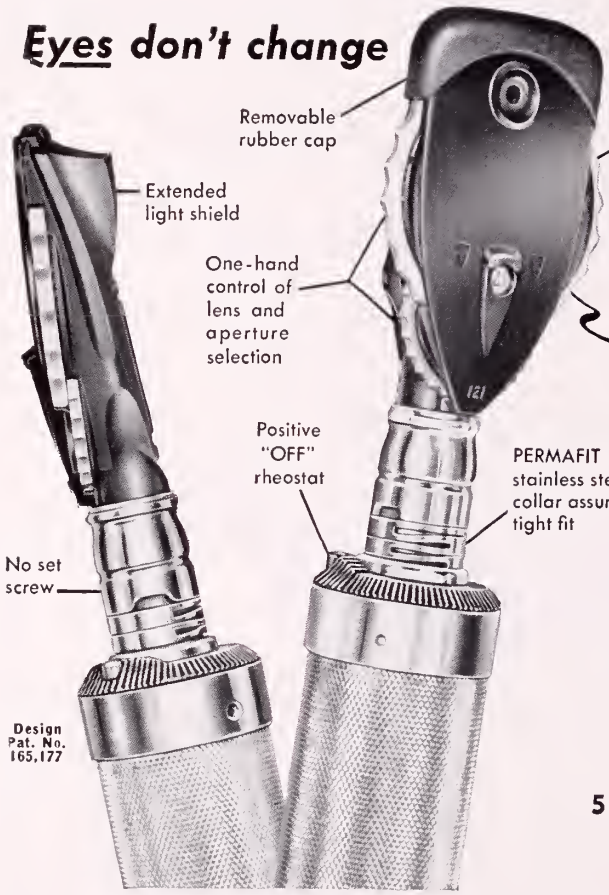

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sault, he will be so concerned he cannot concentrate on the medical business at hand.

This is a useful book in this day of increasing malpractice liability.

* * * *

YOUR WEIGHT AND HOW TO CONTROL IT (Revised Edition)—By Morris Fishbein, M. D., Editor, Modern Home Medical Adviser and Popular Medical Encyclopedia. Pp. 206. Doubleday & Company, Inc., 575 Madison Avenue, New York 22, N. Y. 1963. Price $3.95.

An interesting story on an ubiquitous subject edited by one of medicine's instructive and most interesting authors. It is really a collection of essays pertaining to various problems cf obesity.

There are only 198 pages crammed full of fads and facts. There is a discussion of normal weight and frightening statistics of the mortal dangers of overweight.

The discussion on food habits and weight highlights some of the ways in which calories are overlooked. There are chapters on scientific reduction and multiple diet plans and charts and calorie counts.

The book is easy reading and many of the obese may profit thereby.

Books Received

MEDICAL LABORATORY TECHNOLOGY—Matthews J. Lynch, M.D., et al. Pp. 735, with illustrations. Philadelphia and London: W. B. Saunders Company. 1963. Price $12.00.

CURRENT DIAGNOSIS AND TREATMENT—By Henry Brainerd, M.D., Sheldon Margen, M.D., Milton J. Chatton, M.D., et al. Pp. 843. Lange Medical Publications, Los Altos, California. 1963. Price $9.50.

* * * *

GASTROENTEROLOGY—Henry L. Bockus, M.D., Emeritus Professor of Medicine, University of Pennsylvania School of Medicine. Pp. 958, with illustrations. Philadelphia and London: W. B. Saunders Company. 1963. Price $25.00.

* * * *

ENDOCRINE AND METABOLIC ASPECTS OF GYNECOLOGY—By Joseph Rogers, M.D., Associate Professor of Medicine and Lecturer in Gynecology and Obstetrics, Tufts University School of Medicine. Pp. 189, with illustrations. Philadelphia and London: W. B. Saunders Company. 1963. Price $8.00.

* * * *

SYNOPSIS OF PEDIATRICS—By James G. Hughes, M.D., Professor of Pediatrics and Chairman of the Department of Pediatrics, University of Tennessee College of Medicine, Memphis, Tenn.; Chief of the Pediatric Service, Frank T. Tobey Memorial Children's Hospital (City of Memphis Hospitals); and Staff Member and former Chief of Staff of the Le Bonheur Children's Hospital, Memphis, Tenn. Pp. 1031, with numerous illustrations. The C. V. Mosby Co., 3207 Washington Boulevard, St. Louis 3, Missouri. 1963. Price $9.85.

* * * *

SURGERY—By Richard Warren, M.D., in collaboration with members of the Department of Surgery of the Harvard Medical School. Pp. 1397, with illustrations. Philadelphia and London: W. B. Saunders Company. 1963. Price $19.50.

The most dangerous thing in the world is to try to leap a chasm in two jumps.—David Lloyd-George.

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CLASSIFIED

AVAILABLE—Well-established obstetrical practice due to recent death of physician in Morgantown, W. Va. Good drawing area. Excellent facilities and well-equipped office. Write DWP, West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

RADIOLOGIST—Seeking new location in West Virginia. Certified and licensed to practice in West Virginia. Write JJJ, West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

PHYSICIANS WANTED—There is a dire need for at least two physicians in this area which is served by a new (3 years old), 25-bed, Hill-Burton Hospital. Excellent opportunity for a general practitioner and a surgeon, or a combination of the two. Citizens interested in helping physician establish practice. Contact Administrator, Calhoun General Hospital, Grantsville, W. Va.

AVAILABLE IN 1963—Specialist in obstetrics and gynecology interested in establishing practice in West Virginia. Will complete residency training in June, 1963, and will be available immediately. Write WCP, The West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

WANTED — General Practitioner in Lumberport, W. Va. Attractive office available. Recent Sears-Roebuck Foundation Survey forwarded on request. Write Mrs. D. Ray Rogers, Lumberport, W. Va.

WANTED—General Practitioner in Danville, Boone County. Trading population of 5,000. Citizens of community interested in helping physician establish practice. Splendid opportunity. Contact Mr. Clarence White, Bank of Danville, Danville, W. Va.

PHYSICIAN WANTED—The citizens of Pennsboro are interested in procuring the services of a physician. Pennsboro has a population of about 2,000, with a trading population of more than 5,000. Excellent opportunity for a physician who would be received warmly and eagerly by the citizens in Pennsboro and surrounding area. Contact Mrs. Carolyn A. Tingler, R. N., Pennsboro, W. Va.

PHYSICIAN WANTED—A wonderful opportunity for a physician interested in practicing in the Eastern Panhandle. Contact Mr. Henry W. Miller, Consolidated Orchard Company, Paw Paw, W. Va.

AVAILABLE—Well established practice open due to death of physician. Central West Virginia—good drawing area. Well equipped office available. Hospitals 20 minute drive. Near WVU Medical Center. Write NAM, The West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

WANTED—Physician for general practice. Good opening. Associated with internist and surgeon. Write EKW, West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

WANTED—Resident for recently approved three-year training program in Obstetrics and Gynecology. 3,356 admissions per year, of which more than 1,000 are clinic admissions, 3,844 clinic visits in last year and 910 service deliveries. Contact Dr. Irvin S. Perry, Director of Medical Education, Charleston Memorial Hospital, Charleston, W. Va.

MALE PSYCHIATRIST—If you are a male psychiatrist under the age of 50, have your Boards or are Board eligible, you may be interested in directing a privately established out-patient psychiatric clinic in a favorable setting that offers rewarding work and $25,000 per year, net. Write MWH, The West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

WANTED—Physician urgently needed for general practice in Nutter Fort and Stonewood, W. Va. Near 5,000 population. Present physician had to retire due to illness. Modern and fully-equipped four-room office available. Contact Mr. Sam Colombo, 222 Court St., Clarksburg.

INTERNIST—For staff position in 196-bed GM&S hospital; initial annual salary $10,635 to $13,730, dependent upon qualifications, plus additional 15 per cent if board certified; licensure required; liberal fringe benefits. Inquire Hospital Director, VA Hospital, Beckley, W. Va.

WANTED—Associate radiologist to participate in coverage of two hospitals in North Central portion of West Virginia. Address correspondence to RAD, West Virginia Medical Journal, P. O. Box 1031, Charleston 24, West Virginia.

WANTED—General practitioner, pediatrician and obstetrician-gynecologist for community on Ohio River. New 40-bed hospital in city. Industrial community. Write CVG, West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

WANTED—General practice resident. Available immediately. $500 per month. Associate with five other general practice residents in 215-bed general hospital. JCAH approved with active teaching program. U. S. citizen or those becoming eligible. Location excellent for future practice. Write to Administrator, Herbert J. Thomas Memorial Hospital, 4605 MacCorkle Avenue, S. W., South Charleston, W. Va.

PATHOLOGY RESIDENCY—Four-year fully approved A.P. and C.P. 280-bed general hospital; 6,000 surgicals; 23,000 clinical; 6:000 cytological; 140 autopsies (15 per cent medico-legal); Two Board Pathologists, A.P., C.P., F.P. University affiliation. Salary, $275 to $350 per month, $75 family allowance; Blue Cross. Contact Dr. Peter Ladewig, Charleston General Hospital, Charleston, W. Va.

WANTED—Physician to serve as Assistant State Director, Medical Services for Vocational Rehabilitation Division. Duties include consultation to professional staff, state-wide supervisor of medical services, and Medical Director of West Virginia Rehabilitation Center. Salary $13,932 to $18,669, depending on qualifications. Write Division of Vocational Rehabilitation, State Capitol Building, Charleston 5, W. Va.

WANTED—Physicians needed to take over established practice of deceased physician. Modern office available in community located in Southern West Virginia. Trading population of 75,000. Splendid opportunity for one or more physicians. Contact BLW, The West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

WANTED—The Tug-Sandy-Central Corporation of Commerce of Fort Gay, W. Va., is interested in obtaining a physician for that community, which has a trading population of about 10,000. Will assist in establishing physician in practice. Two medium size hospitals with modern equipment in adjoining city of Louisa, Ky. Contact Henry H. Wellman, Committee Chairman, Fort Gay, W. Va.

AVAILABLE—Well-established practice in modernly equipped office open due to death of physician. Splendid opportunity for qualified M. D. For particulars write Carl C. Jackson, Jr., P. O. Box 121, East Rainelle, W. Va.

INTERNAL MEDICINE RESIDENCIES—Three-year approval in a 280-bed general hospital; isotope laboratory; cobalt therapy; open and closed heart surgery. Attendings are board certified or board eligible practicing internists. Full-time Director of Medical Education and active teaching program. Brochure available upon request. Apply to Dr. C. D. Gettliffe, Director of Medical Education, Charleston General Hospital, Charleston 25, W. Va.

The West Virginia Medical Journal

April, 1963 Vol. 59, No. 4

Left-Sided Primary Torsion of the Greater Omentum

(Case Report)

C. B. Pride, M. D.

Primary torsion of the greater omentum is a spontaneous twist which interferes with or shuts off the distal circulation of the structure. It is differentiated from the more common secondary omental torsion by its occurrence without connection to any other abdominal lesion. Approximately 100 cases of primary torsion of the greater omentum have been reported. Usually, a segment of the right side has been involved, although in some cases the entire omentum has been twisted on itself. The incidence appears to be highest in obese persons between the ages of 30 and 50 years, and slightly higher in males. A few cases in children have been reported.

Cause

The cause of primary torsion of the greater omentum is unknown. Several theories have been suggested with respect to predisposing factors. These include the anatomical variation of the omentum which has been described as longer and larger at the right side, the arrangement of the blood vessels which may permit the elongated, distensible, engorged veins to coil around the shorter and more rigid arteries, omentitis and obesity. The more immediate possible exciting causes include trauma in the form of a blow, sudden change in body posture and hyperperistalsis. The most frequently cited predisposing factor is that of the greater omentum being longer and larger on the right side, and the most commonly mentioned exciting cause is change in position. It is of interest to note that while the concept of the greater omentum as longer and larger on the right side seems to be widely accepted, the structure has also been described as having an inclination to the left and has been depicted as longer and larger on the left side. The discrepancy may be of more than academic interest since the diagnosis of torsion of the greater omentum has been largely predicated on symptoms related to the right side.

Submitted to the Publication Committee, November 16, 1962.

The Author

- **Dr. C. B. Pride of Morgantown, who was Clinical Professor of Surgery at the West Virginia University School of Medicine, died on November 12, 1962, following a long illness.**

Undoubtedly many torsions right themselves, but when the twist continues to occlude the blood supply operative intervention may be necessary. The symptoms in most cases have closely resembled those of acute appendicitis more than any other abdominal disorder. In the case history reported here, however, both the symptoms and the torsion were left-sided.

Case Report

A 39-year-old man was admitted to the hospital January 30, 1952, because of persistent mild cramps in the left side of the abdomen of four days' duration. He had had no previous attacks of abdominal pain, no trauma, no operations, nor other serious illness. He had no nausea nor vomiting. There had been no abnormal bleeding, no irregular bowel function, no loss of weight nor other symptoms except the abdominal pain.

The patient was not acutely ill. His weight was 140 pounds, blood pressure 130/80, temperature 100 F., leukocyte count 14,000. Laboratory tests were normal.

During physical examination, a mass the size and shape of an orange was palpated in the abdomen approximately 2 inches to the left of and slightly below the umbilicus. The rest of the abdomen, which was easily examined because of the thin wall, was normal except for slight tenderness and rigidity. The rectal examination and barium enema showed no evidence of tumors, diverticula, or other pathologic disorders. The x-ray films showed the left kidney to be of normal size and in a normal position. The preoperative diagnoses were (1) diverticulitis, (2) cyst or tumor of the mesentery or retroperitoneal space.

At operation the mass was exposed through a left rectus incision. Serosanguinous fluid was observed. The mass consisted of gangrenous omentum the size of an adult's fist. It was slightly adherent to the descending colon and sigmoid which were found to be normal. The mass which involved most of the greater omentum was easily freed, brought up into the wound, and removed after first ligating the normal omentum approximately 1 inch above the twist and before it was derotated approximately two full turns. The patient's recovery was satisfactory.

The pathologic report described a dark, lobulated, reddish mass measuring 12 x 9 x 5 cm. The blood vessels were stuffed with blood which in places had undergone fusion and hyaline changes, with hemorrhage into the surrounding tissues. Diagnosis was infarction of the omentum with little or no inflammatory change.

Comment

Altemeier and Holzer,[1] in 1946, reported on 64 cases and added six of their own. All of their patients had right-sided pain and the preoperative diagnosis was acute appendicitis. The authors further stated that almost all of the cases that they reported had had the preoperative diagnosis of acute appendicitis. Donhauser and Locke,[2] in 1954, reported six adult cases of their own, with right-sided pain and with the preoperative diagnosis of acute appendicitis. In one case, the preoperative diagnosis of primary omental torsion was made in addition to that of acute appendicitis. The writers attributed this to the investigator's particular interest in primary torsion of the omentum, and partly to a fairly movable mass. Leitner and others,[4] in 1952 proposed a classification for all types of primary and secondary torsion and infarction of the omentum. They also reported three patients with primary torsion and all had right-sided pain. The preoperative diagnosis was acute appendicitis in two cases and acute cholecystitis in the other. Neely and Holzer[5] recently reported nine cases of primary torsion of the omentum in children. Three were cases of their own and had the preoperative diagnosis of acute appendicitis. The other six were collected from a group of cases that included all types of torsion and infarction; all had acute pain in the right lower quadrant and no preoperative diagnoses were listed.

Primary torsion of the greater omentum seldom is diagnosed preoperatively. It's possibility should be considered particularly in the evaluation of obese patients and in very young patients where exact diagnosis sometimes is obscure. The clinical features include pain at the torsion site, moderate elevation of temperature and leukocyte count and, occasionally, a palpable mass. Usually the patients with torsion are not as sick as those with acute appendicitis.

In reviewing 425 personal cases of acute appendicitis one was found with left-sided appendicitis. This patient's symptoms were contrasted with those of the patient with left-sided primary torsion of the greater omentum. The patient with left-sided appendicitis, a male aged 45 years, was extremely ill with nausea and vomiting. His abdomen was tender and rigid, with the point of maximal tenderness about 2 inches to the left of the umbilicus. His temperature was 104 F. and the leukocyte count was 30,000. The preoperative diagnosis was acute diverticulitis; the postoperative diagnosis, acute appendicitis, left side.

Unquestionably the symptoms of primary torsion of the greater omentum often do simulate those of acute appendicitis and, less often, those of acute cholecystitis or other abdominal disorders. In operative cases, however, where the symptoms are not attributable to a diseased appendix or to any other lesion, the greater omentum should be investigated for primary torsion.

References

1. Altemeier, W. A. & Holzer, C. E.: Primary Torsion of Omentum, Surgery 20:810 (Dec.) 1946.
2. Donhauser, J. L. & Locke, D.: Primary Torsion of Omentum. Report of 6 Cases, A.M.A. Arch. Surg. 69:657 (Nov.) 1954.
3. Grant, J.C.B.: Method of Anatomy, Baltimore, The Williams & Wilkins Company, ed. 4, 1948, p. 223.
4. Leitner, M. J., et al.: Torsion, Infarction and Hemorrhage of Omentum as a Cause of Acute Abdominal Distress, Ann. Surg. 135:103 (Jan.) 1952.
5. Neely, J. C. & Holzer, C. E.: Primary Torsion of Omentum in Children. Report of 3 Cases, Ann. Surg. 148:995 (Dec.) 1958
6. Treves, F.: Applied Anatomy, Philadelphia, Lea Brothers & Company, 1894, p. 323.

Cardiac Factors in Cerebral Hypoxia*

George A. Chapman, M. D.

Cerebral hypoxia ordinarily is discussed from the viewpoints of local circulation and disturbance in pulmonary ventilation, yet the heart frequently is taken for granted as a pump in spite of our knowledge that its indispensable function is to provide oxygen for the brain through the medium of blood.

Anoxia lasts only for brief periods; otherwise, death occurs. The upper limits of anoxia tolerance in man are in the neighborhood of 4 minutes whereas dogs apparently can tolerate it for as long as 8 minutes; histological changes in brain tissue can be demonstrated in episodes of shorter duration. The older the age the less the degree of tolerance of a suboptimal oxygen supply.

We have learned that hypothermia, to a certain extent, protects the brain from damage by hypoxia. The cardiac surgeon has shown that the limits of tolerance can be extended to 10 minutes at 30 C. Drew and Anderson[1], in 1959, reported 3 cases, in each of which the patient underwent cardiac surgery with complete circulatory arrest for 45 minutes at 15 C., under the influence of hypothermia. Two of the patients (both infants) recovered. In a later case, the patient, a 49-year-old man, tolerated complete circulatory arrest for 43 minutes at 15 C., without apparent neurological damage.

In animals, multiple anoxic insults can produce neurological abnormalities; in man, however, there are no comparable studies although it may be inferred that there is a parallel to the animal experiments.

Chronic Hypoxia in Role of Accompanist

It is believed that in many cases, congestive heart disease is accompanied by chronic hypoxia. It is believed also that the latter is the cause of the cardiac patient's nightmares and nocturnal restlessness and that it possibly is the cause of his diurnal anxiety. The observation has been made that oxygen (100 per cent) relieves the above mentioned symptoms, yet, curiously enough, cerebral manifestation of chronic hypoxia seldom is seen in congenital heart disease.

Sedatives may have a place in treatment, that is, in slowing the total body activity, thereby decreasing oxygen need[2]. Some of the factors involved in cerebral blood flow are systemic blood pressure, blood viscosity, patency of vessels and, of course, pulmonary function. Hypertension, unfortunately, is associated with cerebral vasoconstriction and does not increase cerebral blood flow. Hypotension, on the other hand, produces a decrease in cerebral blood flow, and a drop from normal to approximately 55 to 30 cc. of blood per hundred Gm. of brain tissue produces symptoms[3]. In the realm of cardiology, situations leading to cerebral hypoxia include congestive failure, hypersensitivity of the carotid sinus, Stokes-Adams disease, hypotension, aortic stenosis, cardiac arrhythmias and acute myocardial infarction. The diagnosis may be easily missed in the case of the apoplectic patient if routine electrocardiograms are not made.

At the Mayo Clinic a study was made of the additional yield of improvement resulting from particular attention to cardiac management in cerebrovascular accident cases, and it was found to be on the order of only 5 per cent. Another group discovered that the mortality rate of apoplectic stroke due to thrombosis could be reduced from 30 per cent to 24 per cent by general supportive measures alone. In another series of cases of stroke (due to various causes), the mortality rate was reduced from 44 per cent to 31 per cent by application of nonspecific measures[4]. Since useful cardiotherapeutic means are available, however, it still is worth while to give attention to cardiac aspects of cerebral hypoxia along with making sure of adequate pulmonary ventilation, avoidance of dehydration,

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correction of anemia or polycythemia, and avoidance of hypoglycemic reactions.

Aspects of Circulatory Congestion With And Without Myocardial Failure

In congestive heart failure, it generally is recognized that cardiac output is reduced, at least relatively. Circulatory congestion is an obvious aspect of congestive failure and it is on the symptoms of circulatory congestion that the diagnosis of myocardial failure usually is based. Eichna[5], however, pointed out circumstances in which there is circulatory congestion without overt myocardial failure; among these are obstructive lesions such as mitral stenosis, water and salt retention, and the hyperkinetic states such as anemia and beriberi. In such instances, along with relief of circulatory congestion, the size of the heart returns to normal. On the other hand, in true congestive heart failure, the heart as a rule remains enlarged even after treatment.

Differences Between the Two Types

Regarding differences between circulatory congestion *per se* and that due to myocardial failure, Eichna remarked on various physiologic components, e.g., the intracardiac pressure is the same in both situations if differences imposed by various valve damages are taken into account; the blood volume as a rule is increased in myocardial failure whereas in circulatory congestion it may be low, normal or high. In any event, the blood volume level cannot be used as the sole determinant in myocardial failure. In circulatory congestion cardiac output may be normal or it may be above normal whereas in myocardial failure it usually is below normal. Needless to say, cardiac output relates to supply and demand. In circulatory congestion *per se* the arteriovenous oxygen difference is normal in the obstructive situations and low in anemia and beriberi whereas in myocardial failure it usually is high. A further point to be stressed with regard to circulatory congestion without myocardial failure is that digitalis produces no hemodynamic effect and likely is of no real benefit.

Circulation Time is of Consequence

Circulatory congestion with or without myocardial failure is due to increased central blood volume plus increased vascular tonus, and may or may not be related to redistribution of blood. In the study of suspected congestive failure, circulation time should be utilized more frequently than is currently the practice. (Reports of toxic reactions to drugs such as dehydrocholic acid should be borne in mind). Circulation time in some cases of circulatory congestion either is normal or rapid. Ganglion block agents reduce cardiac output in pure circulatory congestion. In contrast, in myocardial failure the cardiac output is increased by the use of these drugs. It must be remembered that circulatory congestion *per se* decreases cardiac output in the diseased heart and increases the work of the heart. There are many unexplained factors in the relation of cerebral hypoxia to the heart. For example, relief of symptoms of congestion may occur, yet low cardiac output persist. Eichna suggested that in heart failure, survival after therapy may be more closely related to intracardiac pressure than to cardiac output. Fatigue on exertion ordinarily is associated with low cardiac output and, normally output progressively decreases with age, yet there may be no symptoms even though cardiac output be as low as 2 liters per square millimeter per minute, a level commonly associated with severe cardiac failure.

Summary

The frequent, unexpected observation of acute myocardial infarction associated with cerebrovascular accident should be emphasized, along with the following points:

1. Chronic congestive heart failure often is associated with chronic cerebral hypoxia which, in turn, frequently is associated with reduced cardiac output. The correlation between the level of cardiac output and hypoxia is not absolute.

2. The mortality rate of apoplectic stroke, according to some reports, may be reduced as much as 13 per cent by general measures alone and although the over-all value of attention limited to cardiac factors in the therapy of cerebral hypoxia is on the order of only 5 per cent, this is one of the measures we utilize in attaining a lower mortality rate for apoplectic stroke.

3. Hypertension does not increase cerebral blood flow but hypotension can lower it and it follows that we must temper our enthusiasm for obtaining a "normal" blood pressure, especially in the case of the elderly patient.

4. Although congestive heart failure implies circulatory congestion also, the converse is not necessarily the case.

5. Digitalis is not the answer to circulatory congestion without myocardial failure. Digitalis is a poison and can be the cause of almost any known ectopic rhythm, and although it most

certainly is useful when indicated, let us remain aware fo Eichna's viewpoints concern the place of circulatory congestion.

References

1. Drew, C. E. & Anderson, I. M.: Profound Hypothermia in Cardiac Surgery, Lancet 1:748-750 (April 11) 1959.
2. Groch, S. N. & Wright, I. S.: Recent Trends in Therapy of Cerebral Vascular Disease, Circulation 23:458-465 (March) 1961.
3. Milliken, C. H., Siebert, R. C. & Whisnant, J. P.: Medical Therapy of Cerebrovascular Disease, M. Clin. North America 44:861-873 (July) 1960.
4. Lucas, B. G.: Cerebral Anoxia, Am. Heart J. 60:838-840 (Nov.) 1960.
5. Eichna, L. W.: Circulatory Congestion and Heart Failure. George E. Brown Memorial Lectures, Circulation 22:864-886 (Nov.) 1960.

To Physicians in Training

To all physicians in training and especially West Virginia residents: West Virginia is in need of physicians in all categories for rural and urban practice. Any physician desiring information concerning openings in the State can communicate with *The Journal*. *The Journal* will publish free for 6 issues pertinent information concerning any qualified physician who is seeking a location in West Virginia. Single copies of *The Journal* listing practice opportunities will be mailed to physicians upon request.

A roster containing a list of officers of county societies and specialty sections of the West Virginia State Medical Association is available upon request to the headquarters offices. Also, information pertaining to West Virginia licensing laws will be mailed to interested physicians. Interested parties may then write the officers of component societies or sections for further information.

Any other information about West Virginia will be secured from outside sources, if possible, and sent upon request. All letters to *The Journal* will receive individual and immediate attention.

Modern Concepts in the Treatment Of Colon and Rectal Adenomas*

J. L. Berkley, M. D.

In recent years reports have accumulated to indicate that (1) the only polyp of the colon and rectum to be considered precancerous is the adenoma, (2) the interpretation of the phases in its histologic metamorphosis has been revised which, in turn, has (3) resulted in an alteration of the method and scope of extirpation and (4) that the ensuing course following these less extensive surgical procedures (in certain selected cases) has been justified.

The following generally current observations and inferences are, therefore, pertinent in evaluating and treating these variants of the adenoma

(1) Adenomas occur generally in the same age, sex and location as primary carcinoma of the large bowel; the possibility of polypoid carcinoma must be kept in mind. They are true epithelial neoplasms and a report[1] of benign polyps followed for 2 to 18 years has revealed a complete transition to adenocarcinoma. The incidence of frank carcinoma arising from preexisting adenomatous polyps is not known.

(2) There are two histologic types: the smooth and the papillary (villous). The general thought is that all are variants of the same neoplastic process.

Anatomically, the pedunculated, smooth type is the most common, the sessile, smooth lesion the next in frequency and the villous adenoma encountered least. In approximately 75 per cent of cases, adenomas of the colon and rectum are seen in the last 25 cm. of the large bowel.

(3) Multiple polyps may occur in as high as 50 per cent of cases. Frank carcinoma and polyps are found together in approximately 20 per cent to 30 per cent of cases. Cancer apparently is five times as prevalent in individuals with polyps, especially with multiple polyps.

(4) It would appear that the larger the polyp the greater the chance of finding malignant change. Carcinoma seldom has been noted in polyps of less than 1 cm: nevertheless, neoplastic changes have been observed in lesions ranging from 4 mm. to 7 mm. in size. Histologic abnormalities, ranging from mild atypia to focal carcinoma, can be noted in almost 50 per cent of polyps larger than 1.5 cm. Observed polyps that grow rapidly should be viewed with suspicion.

(5) Observations indicate that (a) all histologic changes up to and including focal or carcinoma-in-situ may be considered benign, (b) the full criteria for malignancy (which must include invasion through the muscularis mucosa) should be present and the diagnosis should be made unequivocally. Total biopsy is indicated whenever possible. Fractional biopsy of villous adenomas often is misleading when there is no evidence of carcinoma in the sections. Frozen section still must be regarded as a highly equivocal diagnostic procedure.

(6) Areas of invasion may vary in size and location, some being minute and superficial; in the villous adenoma there may be multiple sites of invasion. Malignancy in adenoma has been observed in a range of from 2 per cent to 24 per cent, more often in the pedunculated than in the sessile polyp. In the pedunculated polyp, stalk invasion has been observed in 15 per cent of cases. Invasive areas in villous adenoma occur in 30 per cent to 40 per cent of cases. Reports have shown that there is no greater tendency to metastasize in the sessile malignancy than there is in the pedunculated type.

There seems to be general agreement that from the practical standpoint lymph node metastasis in the smooth, malignant polyp is extremely rare unless the carcinoma within the polyp has invaded below the level of the normal mucosa. The pedunculated form exhibiting invasion of the base of the stalk should be looked on as possessing a greater potential for metastasis although there are documented cases of embolic metastasis in spite of the absence of demonstrable stalk involvement.

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Grinnell and Lane[7] have suggested that the low tendency to metastasize reflects the early stage of the discovered cancer, a similar low incidence being noted in primary carcinoma with the same invasive depth. The fact that most of the areas of carcinoma are well-differentiated may account for the low incidence just referred to. It also has been suggested that possibly some of these malignancies are more histologic than biologic, a factor which may have a bearing in slowing down metastatic spread. The carcinoma arising within a villous adenoma invades freely and metastasizes to lymph nodes with impressive frequency (20 per cent to 50 per cent). A dark color of the mucosa, nodularity, induration, ulceration and friability with bleeding may, in the gross examination of a polyp, indicate the possibility of a malignant change but ordinarily it is not possible to determine clinically whether or not a benign-appearing polyp contains invasive carcinoma. On the basis, however, of the histopathologic interpretation currently accepted, the scope of surgical treatment in certain selected cases now can be less extensive.

Treatment

Rectal.—(a) Mucosal excrescences may be safely fulgurated, or cold punch-biopsy may be done followed by fulguration of the base. (b) Pedunculated and sessile lesions within 6 cm. of the anorectal line may be excised trans-anally together with a wide margin of the mucosa, the defect either closed or fulgurated, as the case may indicate. Abdominoperineal excision or a pull-through type of procedure is not particularly indicated unless depth invasion can be proven or unless dealing with a large villous adenoma. (c) Sessile lesions above 6 cm. may be removed either through the sigmoidoscope or by posterior proctotomy. The method will depend upon the skill of the operator in the use of the sigmoidoscope, the size, appearance and location of the lesion, and other variables. (d) Pedunculated lesions can be removed by snare excision, with fulguration of the base. Caution should be exercised when excising a lesion with a short, thick stalk or a wide base when situated above the peritoneal reflection. Extensive fulguration of a wide base may well lead to thermal necrosis and perforation. Fractional fulguration can be done in selected instances. (e) Villous papilloma offers the greatest problem since it often is found as a large or circumferential lesion, or both, with a known propensity for multiple areas of invasive carcinoma and often is situated low in the rectum (factors which may dictate major resection either for an ultimately benign proven lesion or, in an aged individual, the unpleasant prospect of a permanent colostomy).

It has been conceded, therefore, that if possible the villous papilloma may be excised locally including the sub-mucosa, either through the sigmoidoscope or by direct approach. Wide excision is called for in view of the tendency to multiple invasive points and the known incidence of local recurrence. For the large lesion, proctotomy with excision, anterior resection, or the pull-through technique may be indicated.

Colon.—(a) The sessile polyp is best removed by segmental resection unless it can be safely excised together with a wide margin of mucosa, and no overt observations noted. (b) The pedunculated polyp can be treated by colotomy with polypectomy, unless its appearance arouses suspicion and its stalk is short and thick, in which circumstances segmental resection is to be considered. (c) Villous adenoma should require segmental resection.

Perhaps the most common vexing problem that arises is the one that must be dealt with when a report of malignancy is returned after local excision of a lesion. We are faced then with the problem of choosing between a radical procedure or re-entering the abdomen. If, in spite of the possibility of rare embolic phenomena, the area of invasion is minute, superficial in the head of the polyp, or the depth of the stalk is not involved, then, it has been agreed, the conservative procedure will suffice. A radical procedure, however, should be done if invasion of the stalk, the base of the tumor or the adjacent bowel is found.

The results obtained by Swinton, Turnbull, Jackman and other workers amply demonstrate these conservative beliefs. While no absolute conclusion can be drawn at this time, a sampling of the recurrence rate as reported by the following observers tends to further support this supposition:

Scarborough, 37 cases. In 1 case frank carcinoma developed at the site of the removed polyp one year postoperatively; in 1 case, the patient died of metastasis, with no further site demonstrated.

MacKay and McMahon,[2] 44 cases. Noninvasive carcinoma. No evidence of recurrence after 9 years.

Turnbull,[3] 86 cases. Three recurrences after local treatment.

Swinton and Snow,[4] 36 cases. No further difficulties reported.

Lockridge and Jackman,[5] 150 cases. Evidence of metastasis in 5 cases to date.

Enterline,[6] 61 cases of smooth adenoma, with no deaths nor recurrences. Eleven cases of villous ademona, with 10 deaths from metastasis of the original tumor.

Summary

The adenomatous polyp is potentially a premalignant lesion. Its distribution is approximately the same as that of carcinoma of the colon and rectum. Since multiple adenomas occur rather frequently, thorough search of the colon and rectum should be made prior to or, in selected cases, during the institution of the indicated surgical procedure. A not inconsiderate degree of histopathologic atypia is noted, particularly when the size of the polyp is greater than 1 cm.

Carcinoma-in-situ (focal carcinoma) no longer is an indication for radical excision since it does not completely fulfill the requirements of true carcinoma, i.e., invasion. Furthermore, adenomas showing extremely superficial invasion, especially adenomas of the peduncular type with no stalk involvement, may be considered for a conservative type of surgical removal. Unequivocal, invasive carcinoma still requires radical excisional procedures.

Decision as to the type of removal of the large villous polyp will depend on multiple biopsy studies as well as the clinical evaluation. Patients exhibit a certain propensity to further polyp formation and should be re-examined annually both by means of the sigmoidoscope and by barium colon x-rays for a period of not less than 5 years.

References

1. Scarborough, R. A.: Relationship Between Polyps and Carcinoma of the Colon and Rectum, Dis. Colon & Rectum 3:336, 1960.
2. MacKay, J. L. & McMahon, W. A.: Management of Adenoma of the Colon and Rectum Showing Malignant Changes, Dis. Colon & Rectum 2:298, 1959.
3. Turnbull, R. B., Jr.: Carcinoma in Polyps of the Colon and Rectum, Dis. Colon & Rectum 1:44, 1958.
4. Swinton, N. W. & Snow, J. C.: Treatment of Rectal and Colonic Polyps Showing Early Malignant Changes, Dis. Colon & Rectum 3:113, 1960.
5. Lockridge, E. P. & Jackman, R. J.: Evaluation of Conservative Management of Certain Polypoid Lesions of the Lower Part of the Large Intestine, Dis. Colon & Rectum 1:101, 1958.
6. Enterline, H. T., Evans, G. W., Mercaso-Lugo, R., Miller, L. & Fitts, W. T., Jr.: Malignant Potential of Adenomas of Colon and Rectum, J. A. M. A. 179:110 (Feb. 3) 1962.
7. Grinnell, R. S. & Lane, N.: Benign and Malignant Adenomatous Polyps and Papillary Adenomas of Colon and Rectum. Analysis of 1,856 Tumors in 1,335 Patients, Internat. Abstr. Surg. 106:519-538 (June) 1958.

Sen. Robert S. Kerr – Our Dynamic Friend

THE loss of Senator Robert S. Kerr comprises a catastrophic loss to good Americanism, to freedom, and possibly to the future of good medical practice in our country. The dynamic Senator, we believe, was more a champion of private enterprise in medicine than he was of the profession itself and its individual members. Since defeat of Medicare depends largely upon survival, recognition, and increased usefulness of the Kerr-Mills Bill, we naturally wonder what effect the premature loss of its author will have upon its future.

The fact that the Democratic-controlled 88th Congress has opened by approving a 15-member (instead of 12) Rules Committee by a vote of 235 to 196 in the House, has given the President and his congressional leaders a striking victory. This apparently assures administrative control of the powerful Rules Committee. The Administration's triumph does not assure the President that his controversial proposals—tax cut, medical care for the aged under Social Security, and federal aid to education—will win. However, approval by the House legislative committees would increase chances of clearing the House Rules Committee—the direct route to a vote on the floor. The proposals admittedly face an uphill fight, despite optimistic prognostications of Speaker John W. McCormack.

Our fight for survival of private medical practice is not lost, but the profession must increase its efforts, and carry on those so effectively advanced in 1962, to preserve our personal responsibility to patients. We must *know* our legislators and continue to tell them what is essential for preservation and survival of the world's finest medical care.—Rocky Mountain Medical Journal.

Neurological Problems from the Corrective Therapist's Point of View*

William W. Zacharski

Many of our neurological patients have difficulty with one form of motion or another. The hemiplegic, with his difficulty in initiating motion in the affected extremities, the parkinsonian, with his rigidity and loss of spontaneity, the patient with multiple sclerosis, all are plagued by gradual loss of coordination. Most of these patients respond favorably to exercises based on concrete objectivity. If a patient cannot flex his fingers, extend his knee or perform some other functional act, at the request of the therapist, it does not necessarily mean that he cannot perform that act. In many instances, it may mean that the therapist is not providing the proper stimulus. In a fair percentage of neurological cases, the patient will respond to a sound-motivating factor. Although exercises that are based on a concrete objective are particularly useful in initiating function in the hemiplegic patient, the patient who has a functional return or some functional disorder shows an increased muscular response to the same stimulus.

To explain what is meant by the term, "concrete objectivity," let us say that a patient may not be able to supinate or pronate the arm but can turn a door knob with ease; or he may not be able to extend the knee when requested to do so, but can kick a ball with little or no difficulty. Visualize a patient with Parkinson's disease standing with his arms adducted, and with elbow, wrist and fingers flexed. Ask him to extend these joints and the response will be slow and difficult. Now toss a small, 3-inch ball to this patient and have him toss it back. All of the above motions will be accomplished with little or no effort.

The hemiplegic does not seem to function too well in the area in which, to him, the act of accomplishment is impossible or just possible. Goldstein[1] states that the normal individual displays two kinds of attitude to the world, the concrete and the abstract, and that patients with brain damage have an impairment in the abstract attitude. Goldstein and Scheerer[2], from their analysis of the behavior of a great number of such patients, have compiled a list of modes of behavior in which performances are disturbed owing to impairment of the abstract attitude.

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The patient fails if he has:

1. To assume a definite mental act.
2. To give an account to himself for acts and for thoughts.
3. To shift reflectively from one aspect of a situation to another.
4. To keep in mind various aspects of a task or of any presentation simultaneously.
5. To grasp the essential of a given whole, that is, break it up into pieces, isolate them, and synthesize them.
6. To abstract the common properties reflectively.
7. To perform concepts, symbols, to understand them.
8. Voluntarily to evoke previous experiences, for example, images.
9. To assume the attitude toward the "merely possible."
10. To detach the ego from the outer world or from inner experiences.

Based along this line of reasoning, we are slowly modifying some of the old or developing new exercise techniques in the rehabilitation of the neurological patient.

Techniques for Initiating Function

The hemiplegic patient with flaccid paralysis of the lower extremity will get a good quadriceps response after about fifteen minutes' work on the part of the therapist. The procedure is rather simple: the therapist places a bolster under the thigh of the seated patient to permit free motion of the knee. He explains the function of the quadriceps muscles and then manually contracts the muscles in a rhythmic manner to start the leg

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swinging in a kicking motion. A 10-inch or 12-inch ball is then placed in front of the patient's affected extremity; he is told to concentrate on the ball and kick on command. Usually the patient gets a good response on the first attempt.

When the patient is able to kick the ball at will, he is placed in a standing position and told to kick the ball to initiate or strengthen hip flexors. Hip abduction is initiated in the same manner from a standing position.

Hyperextension of the hip is very difficult for most hemiplegics. This exercise is accomplished with very little difficulty by having the patient walk backward in the walking ramp. All of our hemiplegic patients on the Intermediate Service learn to walk sideways and backward as well as forward, before cane gait training is initiated. This tends to increase stability of the hip muscles, improves coordination and gives the patient confidence in his ability to ambulate.

The process of initiating function in the upper extremity is similar to that used for the lower extremity. The arm is placed in two slings suspended from the ceiling, in such a position that the shoulder is extended to about 90 degrees. In doing so, the weight of the arm is removed from the muscles involved. The various muscle functions are explained, the muscle is manually contracted and the patient is told to strike at or touch a given object. The response is the same as with the leg.

Inability to Feed Self

Various exercise media are used for the patient whose coordination is so affected that he cannot feed himself. Suspend a small 3-inch ball by a string from the ceiling and have the patient toss and catch it and alternate hands with each toss. Improvement in coordination can be noticed within a week. Finger dexterity can be improved by using two cigar boxes and the various colored marbles from a set of Chinese checkers. The marbles are placed in one box and the patient is told to transfer them to the other box, one at a time, picking up a different color with the thumb and each finger.

A superior wrist and finger strengthening device, suggested by Mr. Willard I. Braithwaite, Chief of Corrective Therapy at this Center, is a marked improvement over the wall type usually found in clinics. The patient with brain damage will expend far greater effort with this device than with the wall type. His attention seems to be diverted from the affected extremity and focused on accomplishing a concrete act, the act of winding up a piece of sash cord on to a dowel (Figure 1).

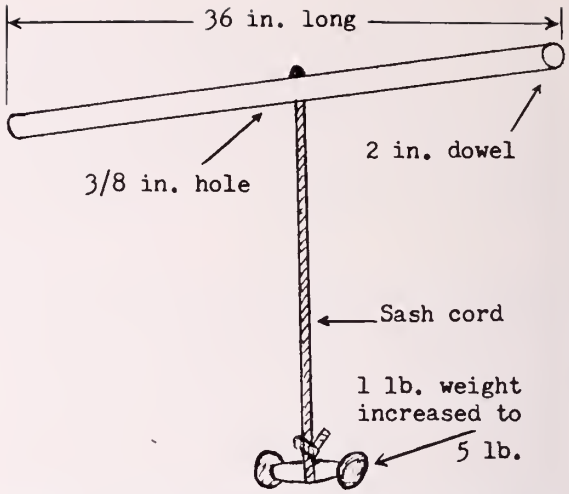

Figure 1. Wrist Exerciser. The exerciser is placed at the end of the walking ramp with the patient seated in front. The parallel bars support the wrist exerciser. We use three different sized dowels, ranging in thickness from two inches down to one inch.

The various exercises described are not as important as understanding the mental attitude of the patient with brain damage. Frequently the patient is so convinced of his inability to perform some functional act, that considerable ingenuity on the part of the therapist is required to "trick" him into performing that act. We are presently working with a hemiplegic patient who voluntarily could not move the left lower extremity. He appeared to have total paralysis of that ex-

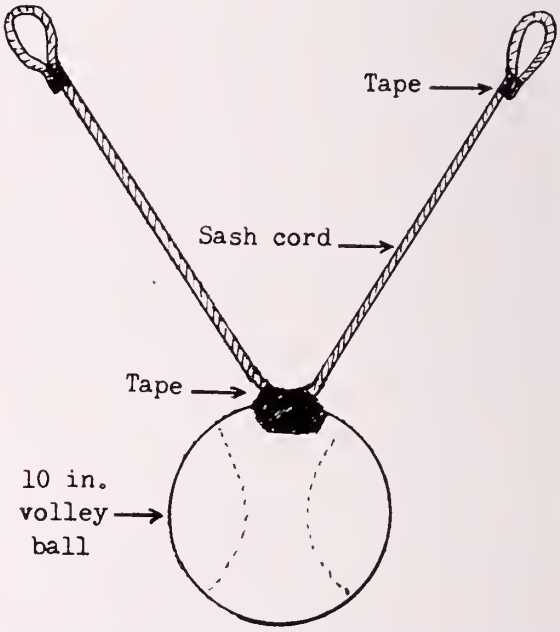

Figure 2. Special Volleyball. The looped ends of the sash cord are placed at the end of the walking ramp over each parallel bar. We use this type of ball to initiate motion in the hemiplegic patient to strengthen the various hip muscles and the quadriceps. It also is used for coordination exercises to the lower extremities by having the patient kick the ball rhythmically. The sash cord is attached to the ball with surgical tape and the looped ends are secured in the same manner.

tremity. Yet he was able to walk in the walking ramp, bearing full weight on the affected part. It was obvious to the therapist that the patient was getting a fair response from the hip flexors and a good response from the quadriceps muscles. When the patient was asked how it was possible for him to walk on a leg that could not move, he remarked, "I keep the leg stiff."

With the aid of a staff psychologist, the abovementioned patient was finally "tricked" into voluntary responses from the hip flexors. At the suggestion of the psychologist, we placed a volleyball in the walking ramp and asked the patient to kick it with the affected extremity while walking. Each time we had the patient walk slower until he was able to kick from a standing position. We now have to convince the patient that he can get a similar response from the quadriceps (Figure 2).

Many other types of exercise media may be used. In order to get a good muscular response, the patient must perform some concrete functional act. Any motion which seems without purpose to the brain damaged patient often is very difficult for him to perform.

Whether the patient's ability to respond to a concrete functional act is due to the loss of abstract reasoning, we do not profess to know. We also do not mean to convey the idea that our whole program is based on the above reasoning for all patients. Standard equipment such as the exercycle, overhead pulleys and shoulder wheel also are used to advantage.

References

1. Goldstein, K., in Silvano Arieti: Functional Disturbances in Brain Damage, American Handbook of Psychiatry, Vol. I, 39:773-774, 1959.
2. Goldstein, K. & Scheerer, M.: Abstract and Concrete Behavior, Psychol. Monograph 53:239, 1941 (Lit.).

The Doctrine of 'Knowing Consent'

One of the harassments to which some doctors are now subjected is a liability action based on the theory that the physician acted wtihout the patient's consent. True, the patient signed an authorization—but, so the theory goes, he would not have consented if he realized the possible untoward effects of the procedure. Thus, the consent was based on ignorance, and was not a "knowing consent." This thesis has a certain plausibility. One patient, for example, signed authorization for a mammectomy but said orally: "Whatever you do, doctor, don't remove my breast." The word on the consent form was "mammectomy" which the patient did not understand. Here the operation was without "knowing consent," since the doctor admitted he heard the oral pleas, and had replied soothingly: "There, there, don't worry; everything will be all right." And if you remove the gasserian ganglion, the patient ought to be told in advance that he never again will feel any sensation from his face, so that he can make a knowing choice between the pains and the permanent anesthesia.

But the doctrine of "knowing consent" is not that simple. It can, indeed, be mischievous. Should you, before each tonsillectomy, tell the anxious parents of all the dreadful complications that might—just once-in-a-million, *might* happen? Would any man have his hernia repaired if the surgeon recited a list of possible untoward results? Would anyone take an aspirin tablet if the physician said that once in a million times this causes gastric hemorrhage?

To avoid liability claims based on this doctrine, the doctor has to stick only to procedures that have *never* produced complications; to drugs that have never caused an untoward effect. A medicine where everyone plays it safe is a stagnant medicine. This innocent sounding, reasonable sounding doctrine may hurt our patients—Journal of the Medical Society of New Jersey.

Special Article

Why Don't We Have More Doctors in Our County?*

Clark K. Sleeth, M. D.

We are all aware that health care today and tomorrow means much more than merely having a physician to attend the sick or injured. The West Virginia University Medical Center is conducting programs of education in the many fields of human endeavor needed to assure the future health of all our citizens.

As Dean of the School of Medicine, I should like to consider with you what particular role is played by the School of Medicine in this educational process, and how the role relates to the future health, particularly of our rural people in West Virginia.

What are the objectives of the School of Medicine, or why do we have such a school anyway? We can classify three different kinds of objectives: Education; Research; and Service. Let us deal with the latter two first, as the educational objectives will require our major consideration.

Research at the School of Medicine

Why should we be engaged in research at this School of Medicine? First of all because it is impossible to have a good teaching program without the teachers also being research investigators. We all know of the rapid progress in what medicine can do, and we do not propose to belabor this subject. A little reflection will also show how much medicine cannot yet do, and how very much ignorance we all share in some areas. Since this is true, the teacher in medical school, whatever his subject, soon enough in his teaching encounters an area where he must say to his questioning students: "I don't know, really nobody knows!"

What sort of teacher will be content merely to parrot known material with no curiosity about the unknown sufficient to make him wish to seek some new answers? Hence, research as an objective. Of course, the humanitarian aspects of the search for new ways to reduce human suffering and extend human life are important reasons for research, but we should keep in mind that more important advances have been made as a result of the exploring of the inquiring mind than as a result of a specific effort to find a cure for one disease or another. The discoverer of insulin was not looking for a remedy for diabetes, and the discoverer of penicillin was not looking for a remedy for infection.

The best reason for research is the existence of the unknown, and it is certainly fair to say that what we know, as a human race today, is but a mere beginning of what there is to know. Enough, then of the reasons for research as one objective of the School of Medicine.

Every faculty member is encouraged and urged to participate in research. Salary, space and equipment are provided, and virtually all members of the faculty are further supported in their research efforts by grants of monetary aid from federal or local health agencies, both official and voluntary. These grants permit purchase of expensive equipment and supplies to meet the special requirements of the research, and also allow the hiring of specially trained technical personnel to assist in the conduct of the research. As a measure of the extent of the research being carried out here, it is worthy of note that grants totalling more than $3/4 million were awarded to members of our faculty during the fiscal year 1961-62.

Service

What of the service objective of the School? This mission, too, is inseparable from the educational objective. In theory, it might be possible for an aspiring medical student to learn from books, lectures, motion pictures, and professors everything he would need to know to be a suc-

The Author

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cessful physician, without ever having seen a patient during his medical school days. Which of you would wish to be the first patient of this young genius? No, the actual participation, under the closest supervision, in the actual care of actual people is an absolute essential to the education of the young physician. For this reason, we have a University Hospital and Outpatient Clinics to provide the patients with whom the new young doctors learn to work. Equipped with the finest available equipment, staffed by men who are acknowledged masters in their fields and who by their natural inclination are devoted to the teaching of younger men, such facilities provide service of a very high quality for a certain number of patients.

This service, while of the highest quality, must obviously be of very limited quantity when compared with the total medical care needs of the people of the State. The total amount of care provided is related to the educational needs of the Medical Center, rather than to the care needs of the State. If the University Medical Center were to serve all or most of the medical care needs of the State, we would not need to be considering how to get physicians into the various communities; all the patients would be coming here. This is obviously ridiculous, yet this Medical Center, like most others in the United States, has had to face, especially in its early days, the fear that it would drive other institutions and physicians "out of business."

As an educational institution, the amount of medical care provided does not even begin to close the gap between the public demand for medical care, and the quantity available through other resources. The statistical figures of the growth of the West Virginia University Hospital and Clinics bear this out, but this is another story we will not go into at this time.

Educational Objectives

We come now to a consideration of the educational objectives of the School of Medicine. Just as within the framework of the Medical Center there are four separate schools plus many other programs, so within the framework of the one School of Medicine there are no fewer than four separate educational programs, each of which has a definite bearing on rural health as on all health.

The first of these four programs is the one which takes the young man or woman after three or four years of college and in an additional four year period prepares him to receive the degree of M.D.

The second picks up the newly created M.D. and through the provision of hospital training under supervision, allowing increasing individual responsibility, carries him through internship lasting at least one year, and through residency lasting from two to five additional years. A number of other hospitals in West Virginia, as across the nation, have similar programs of internship and residency training.

The third educational program is that of continuing education for the physician in practice. By appearances at his county or regional or state meetings, by conferences held regularly within the Medical Center and by means of special courses organized and taught at intervals, the members of a medical school faculty assist the practicing physician in his efforts to keep abreast of the rapid progress being made by medicine today. No one needs remind us what would happen to the doctor who tried to practice in 1962 the medicine which might have been adequate in 1952.

A fourth educational program is one less frequently thought of in connection with the education of physicians, but it is a most essential component. We hear, rightly, much about the need for expanding the enrollment of schools of medicine and for creating new and additional schools in an attempt to meet our increasing needs for physicians. Money alone, if provided in sufficient quantity, can furnish the buildings, but from where, may I ask, are new teachers to come? Unless we today seek out and educate the anatomists, physiologists, biochemists, *et al* of tomorrow, all efforts to expand our production of educated physicians are doomed to failure. Hence, our fourth educational program is the program of graduate education in the sciences basic or fundamental to clinical medicine and patient care. Its urgent importance today cannot be overemphasized.

The Medical Student

Let us look in more detail at the young man or woman who sets out for college with the goal of becoming a physician. What does he face, and what may he expect? Following completion of high school, he must spend at least three, and most often four years, in college in "premedical" work. If he has done good work, is of good character, and well motivated toward medicine, he may be admitted to medical school. Today, more than half of those who apply are admitted, considering the U. S. as a unit.

Having gained admission to medical school, he has four years of intensive study, during which he can expect to be in classrooms, laboratories,

hospitals or clinics from 35-60 hours per week after which he will need to study perhaps almost an equivalent amount from his textbooks, journals, lecture notes, etc. At the end of four years of this, he receives the M.D. which entitles him to work another year in a hospital under supervision before he can even be examined for licensure. If he is the average youngster and has progressed through school at the regular rate, he is either twenty-four or twenty-five years old at this time, and if he has no family, he has at least looked about himself at his high school and college friends who are now getting pretty well settled. He or someone else has by now spent somewhere between $8,000 and $20,000 on his education, and he has reached a point where he can earn perhaps $200 to $300 per month during his internship. Specialty training as a hospital resident may increase this earning power up to $500 per month after a few more years.

Here, then, is a twenty-six to thirty-year-old man with a really terrific investment in time, money, and human energy. He appears before a State Board of Examiners, undergoes a rigorous two or three-day period of tests and examinations and, if found adequately prepared, receives a legal permit to enter his own individual, independent professional life.

We have not exaggerated the picture. It is a long, hard road. In fairness, we must say that rare indeed is the physician who will admit, when forced to answer, that if he had a second life to live, he would choose any other course. Here he is, then, a mature man looking for a place to make his life. Obviously in many instances his search for a place to settle permanently will have begun much earlier. He may be preparing to join a father, brother, or older friend with a view to joint practice, or to taking over as the older man becomes less active. In fact, we can hope for and must work toward earlier decisions on the part of the young physician as to where he will practice.

In any case, what is he looking for? He is looking for pretty much what every other vigorous and progressive head of a young family is looking for. First, a place where he can use, in the best interests of the public, the art and knowledge and skill he has so laboriously acquired. Second, he would like to earn enough to provide for his family the ordinary amenities and the education which he is likely to prize highly. Third, he desires association with his fellows, those who share his educational background and professional interests. Fourth, can he reasonably expect to get away from his job, even for brief periods? Fifth, what kind of a town is this in which to live? What kind of churches, schools, parks, playgrounds, streets, etc. are provided? Sixth, and of great importance, will his wife be happy here? There are, of course, many other questions he will be asking, but these suffice as *examples.*

Shortage of Rural Physicians

All of us have heard much talk about the shortage of rural physicians in West Virginia, and there is no doubt there is a great shortage. So far as I know, however, there has been no real objective study of just where the doctors are in West Virginia, or of some of the reasons they may be where they are and not somewhere else.

The figures and facts we are about to present are certainly not represented as any detailed study of the sociology of this problem, but they may serve to indicate what definitive studies need to be done, and what kind of factors seem to influence the location of physicians.

West Virginia is a rural state; 61.8 per cent of its inhabitants live in areas not identified with any population center containing as many as 2500 persons. It is very important, however, to note that only 6.5 per cent of the population of West Virginia is classed as farm population. With a 1960 population of 1,860,421 and an area of 24,282 square miles, the average square mile in West Virginia contains 76 persons. Ohio County, with 628 persons per square mile is the most densely populated; Pocahontas County, with 11 persons per square mile is the least. Do doctors settle where the population is densest?

In an effort to find some sort of answer to this question, we attempted to determine the physician-population ratio for each county of the State. Population figures are from the official reports of the 1960 census. Figures on the location of physicians are not so easily come by. The West Virginia State Medical Association, sponsor of this Conference, annually publishes a roster of its membership, arranged geographically and listing an address for each physician. This is the only convenient source of information on which to base a preliminary survey and may, of course, introduce many errors. Some known errors are:

1. Not all practicing physicians are members of the State Medical Association.
2. Not all those listed as members of the Association are currently engaged in active practice.
3. The address given may not reflect the actual site or the only site of the practice of the individual.

Careful study and reflection leads me to the conclusion that the errors introduced in this way are small numerically. It is recognized, however,

I	Ohio	168			Logan	
	Tyler	153			Ming	
117	Monongalia	108			Greenbrier	
	Kanawha	107			Braxton	
	Mercer	[illegible]			Marshall	
II	Wood	46			Boone	
	Raleigh	39			Gilmer	
92	Harrison	39			Pendleton	
	Barbour	91			Mason	
	Randolph	37			[illegible]	
III	Greenbrier	87		IX	Lincoln	
	Grant	84			Wyoming	
80	Berkeley	83			Tyler	29
	Marion	80			Ritchie	28
	Hancock	68			Tucker	26
IV	Mineral	67			Brooke	24
	Jackson	65			Morgan	21
63	Hardy	64			Wirt	19
	Hampshire	63			Monroe	17
	Jefferson	62			Putnam	17
V	Wetzel	[illegible]			Clay	17
	Taylor	[illegible]			Lincoln	15
52	Boone	[illegible]			Doddridge	14
	Summers	[illegible]			Calhoun	13
	McDowell	[illegible]			Wayne	10
VI	Nicholas	[illegible]				
	Lewis	[illegible]				
45	Fayette	[illegible]				
	Webster	[illegible]				
	Upshur	[illegible]				

Table 1

that in some counties where only a few practitioners are listed, an error of only one or two individuals may make a very large percentage difference in statistics for that county. However, even recognizing these errors, it is evident that there is some value in such a study, and perhaps this preliminary survey with its admitted inadequacies may stimulate a more carefully controlled look at some of the factors possibly related to where physicians locate.

As an initial effort, we determined the number of persons per physician in each county, or in reality the number of physicians per 100,000 population which reads as a rate of physician density, just as persons per square mile reads as a rate of population density. We then arranged the 55 counties in order of decreasing physician density, and compared other factors to see whether they ran parallel or tended to do so. The number of 55 variables is too large to show graphically on a chart, so we arbitrarily made eleven five-county groups, combining the figures

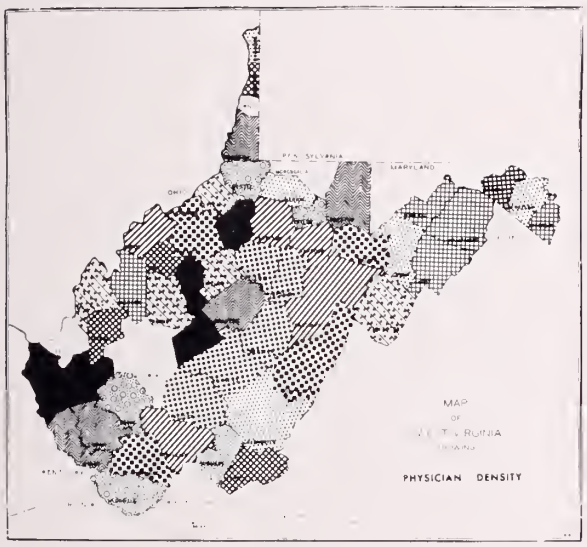

Figure 1

of the five counties best supplied with physicians into group 1, the next five into group 2, etc.

Table 1 shows the order in which the 55 counties fall with respect to the density of physicians per population, and also shows how they are divided into groups. Figure 1 presents the same data graphically on a map of the state.

We first compared physician density with population density. Figure 2 shows the descending order of physician density with the groups, but it is noted that, while population density *tends* to parallel physician density, there are some notable exceptions. Compare, for example, group 4 and group 10. The counties in group 4 have 63 physicians per 100,000 population or about one doctor for 1600 persons, while the population density is only 46 per square mile. Group 10, on the other hand, has just twice the population density or 92 per square mile and only one-third the relative number of physicians, 21 per 100,000 or one doctor for every 4800 persons. Obviously, then, population density, while apparently *a* factor in determining the location of physicians, is not the *only* factor.

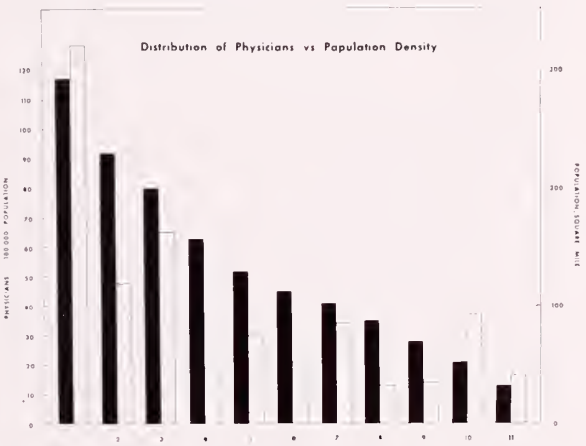

Figure 2

The official census reports conveniently furnish figures on the average family income per county. Maybe we should look at whether the doctors settle where the most money is. Figure 3 compares, in just the same way as the last, physician distribution and mean family income. Here again there is a general sort of tendency for the figures to run parallel, but there are some outstanding exceptions. The counties making up group 6, for example, show a mean family income of about $3300 and a physician density of 45 per 100,000 or one for every 2200 persons. Group 10, with just over $4000 in mean family income has only one doctor for every 4800 persons, or a rate of 21 per 100,000. Here it may be said that the lower income group is twice as well

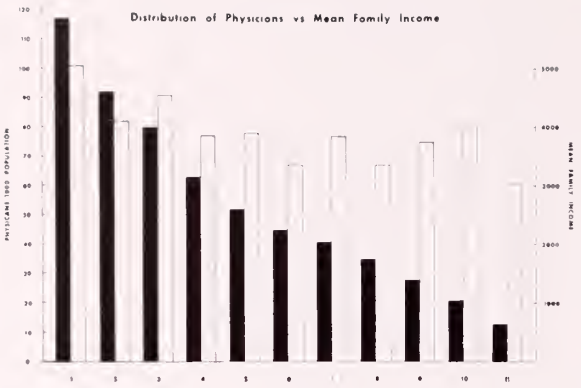

Figure 3

off for physicians as the higher. Let it be said, however, that neither group is nearly well enough supplied. The point, however, is that the economic factor is not the *sole* determinant of where doctors settle.

What other factors might we consider? Possibly the doctor wishes to locate where he can have access to facilities in which he can utilize to the fullest extent the knowledge and skill he has acquired during the course of his long period of education and training. One measure of such facilities is the number of general hospital beds available in the county. It is emphasized that this is not the only measure, it is perhaps not even the most accurate. It is, however, a measure for which figures are at hand. We must remember that the existence of hospital beds in a community does not automatically guarantee the individual physician access to these beds. The pattern in this respect varies considerably over the State and may again introduce some inaccuracies in what we see in our comparison. It is believed, however, that certain generalizations can be made on the basis of this next comparison.

Figure 4 compares, in the fashion by now familiar to you, physician density and numbers of hospital beds per 1000 population. It might be noted that in very broad and general terms, subject to great modification on the basis of geography and other considerations, a figure of four general hospital beds per 1000 population is considered to be adequate. Groups 1, 2, 3 and 5 might thus be considered as adequately supplied with hospital beds, and in the first three groups as able to provide hospital care for patients from adjacent areas less well supplied.

A glance at the figure shows that with the exception of group 4 and group 9, hospital bed distribution parallels physician distribution quite well. With respect to group 9, it might be noted that this includes one county with a bed rate of 5.7 per thousand persons, but with only one physician for every 3900 souls. Some young physician had better take a long look at this situation right away. I have no explanation for why the counties in group 4 seem to fare as well as they do for doctors in view of sparse population, lower than average family income, and scarcity of hospital facilities. The very fact that we have no ready explanation reinforces the contention that there are other factors of importance in deciding where the doctor locates.

In most areas of human endeavor, it seems to be true that country boys go to the city more often than city boys go to the country. Recent sociologic developments related to overcrowding in cities, congested traffic, unsuitable environment for bringing up a family, etc. may be bringing about some degree of reversal of this phenomnon. We country people must be prepared to take full advantage of any gains we can make in this manner. It seems to me, however, that one way communities can move positively toward having a physician is to establish and maintain a helpful and encouraging attitude toward able youngsters of their own who have the ambition and drive necessary to become physicians. The young man or woman who has been made to feel community interest in him during his education and who identifies himself with a community is much less likely to seek the "greener grass on the other side of the fence."

You might be interested in where the students now enrolled in the School of Medicine at West Virginia University have their family origins. I must say that so long as an applicant is a resident of West Virginia, we do not give relative weight in considering his application for admission to whether he is of rural or urban origin. All residents of the State compete on equal footing, and I believe rightly so.

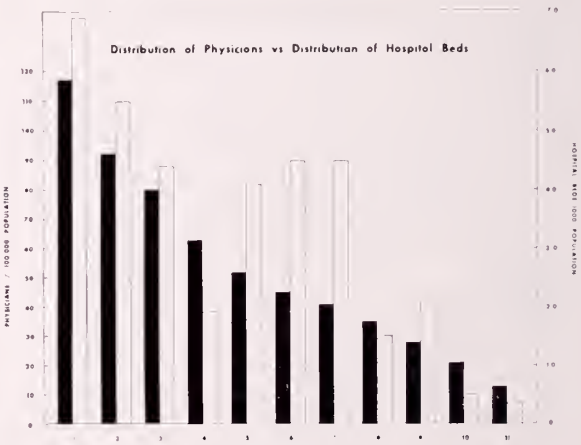

Figure 4

Figure 5, a map of West Virginia, shows by a numeral in each county, the number of students of medicine presently enrolled in this School from that county. As is to be expected, most come from the areas of the greatest population density. The counties are, however, surprisingly well represented.

The distribution of the geographic origins of medical students depicted in Figure 5 represents the situation at the close of the 1961-62 school year. This has been modified somewhat by the enrollment of 60 new students in the fall of 1962.

We have considered together some of the factors which may influence the location of physicians. The students at West Virginia University School of Medicine see patients referred to the University Hospital from every section of the State and, in consequence, have first-hand knowledge of the great need for physicians' service in many areas. The physicians of West Virginia are doing an excellent job of providing medical care and are understandably looking forward to the day when their ranks will be increased in numbers to allow more service for more people. As we all work together, we can progress toward this goal.

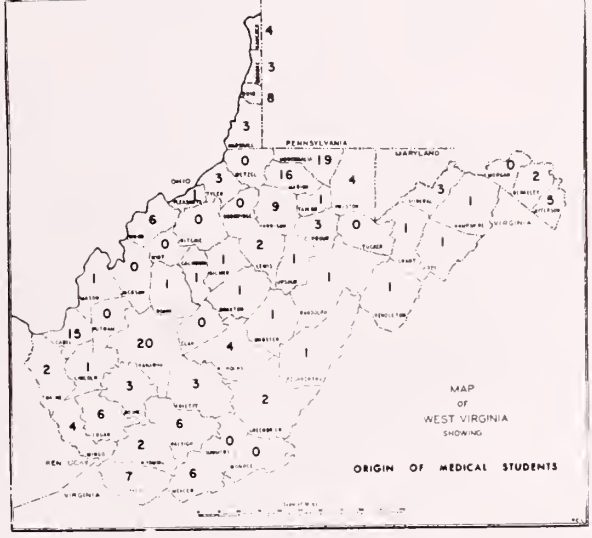

Figure 5

A Career That Counts

It is difficult to realize that the most revered, honored and respected profession is concerned now with the business of recruiting students to enroll in its schools and carry on its traditions. It is astonishing that the long recognized and accepted rewards of the practice of medicine are no longer sufficient to fulfill the projected future needs of our profession. Several factors are at work to create this problem. The growing population and the increasing needs of such medical fields as research, administration, anesthesia, mental health, and public and industrial health are paramount among these factors, which require that more physicians be graduated.

When interviewing prospective medical school applicants, we note that they are apprehensive about the probable effects of government interference in medical practice. They point to the sad state of the physician in socialistic countries—a lessened satisfaction from their work as they are unable to give first class service and quality of care. When the doctor-patient relationship becomes impersonal both parties suffer. The patient is not free to choose his own doctor and the bureaucratic irritations and interferences are confounding. The potential doctor feels that medical practice in the future may be quite changed and in this change may lose much of its attractiveness.

The image of the doctor and the practice of medicine have suffered. It is sad, indeed, to hear of physicians advising their sons not to follow in their footsteps. Our only answer is that we hope and believe that the American people are intelligent enough to want good medical care from the physician of their choice and that this system will prevail. The medical profession, in spite of all its tribulations, will remain one of the most rewarding fields of endeavor. Yes, we must help with medical recruitment but at the same time remember to be guardians of the future of our noble profession and uphold its standards.—Brock E. Brush, M. D., in Detroit Medical News.

The President's Page

Here We Go Again!

On February 21 President Kennedy, in his message to Congress, presented the new version of the Social Security approach for health care of the aged. The same day Rep. Cecil R. King (D-Calif.) and Sen. Clinton P. Anderson (D-N.M.) introduced the administration bill to their respective branches of Congress. These bills have been designated as HR 3920 and S 880. Basically, they are of the same nature as the Anderson-Javits Bill which was defeated in the Senate in 1962. The same political groups are postulating the twisted arguments and misrepresentations advanced that same year.

It is interesting to note they are attempting to discard the names "Medicare" and "Health Care of the Aged" for a new misnomer, "Senior Citizens Hospital Insurance." This, of course, presents a false impression to the public since we know it is not insurance but a tax. The act would increase Social Security Taxes for the employed by one-half per cent (¼ per cent paid by the employee and ¼ per cent paid by the employer). At the same time it would raise the tax base from $4,800 to $5,200. To further confuse the public, the President says the health care program would cost $5.6 billion for the first four years, or an average of $1.4 billion a year. This is not so, says the AMA, whose mathematicians have stated it would cost $2.3 billion for the first year with an increasing cost for each ensuing year. Further, the administrative slight of hand mathematicians claim the bill would increase the Social Security tax by $13 annually for each worker when factually the increase would be $27.50 for each wage earner who earns $5,200 (a total of $55 when the employer's share is added).

Under the "new" plan, the beneficiaries would have three options as far as hospitalization is involved: (1) he could take 90 days of hospitalization subject to a $10 deductible for the first 9 days in the hospital or, (2) up to 180 days of hospitalization with the patient paying the first 2½ days of average costs or, (3) 45 days of hospitalization without a deductible clause. Further, the bill would provide for 180 days of nursing care after being transferred from a hospital; all costs above the first $20 for hospital out-patient diagnostic services; and 240 home nurse care visits in a calendar year. In addition, this act, like last year's Anderson-Javits Bill, would provide benefits through general revenue to those aged who are not under Social Security; it would not, however, provide an option to utilize private carriers. Again there is no provision to cover medical care.

Actuaries of the Department of Health, Education and Welfare, in testimony before Congress in 1961, pointed out that if this program were to be adopted, benefit payments would exceed tax income in 20 years and the program would be headed for bankruptcy unless benefits were reduced or taxes increased.

Dr. George M. Fister, President of the AMA, has stated that the medical profession believes in helping persons who need help by using tax funds where they may be required. We also believe that persons who are able to provide for themselves, regardless of age, should not become a burden on taxpayers.

The consensus of the experts in this field is that the bill will not come up for passage this year due to the importance the President has attached to his tax reform program. Congress is expected to devote all available time and energy to discussion of this problem. This precious time should be utilized by the profession and its allies to make the citizens of this country aware of the dangers of this piece of legislation. Those of us in West Virginia should proudly point to the fact that we already have in operation a successful Kerr-Mills program that takes care of our needy aged.

L. J. Pace, M. D., President

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EDITORIALS

A MUCH-NEEDED COMMITTEE

A bill relating to the licensing of foreign medical graduates was rejected by the Senate by an overwhelming vote of 22 to 7 during the session just adjourned. Thus, another attempt by a minority group to degrade the practice of medicine in West Virginia was beaten. This bill was written without reference to those medical groups which might be expected to have some authority in this field. Neither the Medical Licensing Board, West Virginia State Medical Association, nor the State Health Department were consulted by the sponsors of this legislation. The amendments only made the bill less acceptable. The solidarity of the Senate in rebuffing this bill indicated a more informed and united front than exists in organized medicine.

All physicians are not satisfied with the section of our Medical Practice Act concerning the licensure of foreign graduates. Their criticism is engendered by the scarcity of physicians in all categories of medicine in all areas of West Virginia. This situation is nationwide and is not confined to West Virginia. Our problem, however, is somewhat worse than that of most states. The constant harping on the depressed economy of West Virginia by state and national government discourages physicians who may wish to come to our State and indeed has seen an exodus of several of our doctors to greener pastures. *Mister Doc,* official journal of the West Virginia Chapter of the American Academy of General Practice, puts it this way, "It is salient to point out the fact that although West Virginia has lost population in the past ten years, it has lost doctors at a faster ratio."

We have more than 30 committees in the State Medical Association with specified duties, but we have no group with a special interest in the most important medical function within our State, i.e., an adequate supply of trained physicians for all our people. This condition cannot be brushed off with an occasional reference from Council or House of Delegates. It is a matter that requires sustained study.

We need now a special committee to investigate this problem and make recommendations to relieve our medical shortage wherever it may exist. Such a committee surely would have a continuing duty and in due process could become a permanent part of our program with development of a clear policy and understanding of the medical needs of all sections of our State. We can then present to the proper authorities those alterations in our Practice Act that we find necessary in our changing medical structure. Such a committee could also be a source of consultation for official and non-official groups interested in medical placement in West Virginia.

Now that the legislators have returned home, we can appraise our accomplishments in the field of medical legislation. During the regular 60-day session the State Medical Association sponsored and the Legislature accepted and passed (1) the Medical Examiner's bill and (2) the Autopsy Consent bill.

THE LEGISLATURE

The third proposal sponsored by the State Medical Association was a bill pertaining to the admission and discharge laws of the mentally ill. This bill was passed by the House of Delegates but unfortunately died in the Senate.

Another bill supported by the Association and enacted into law related to the establishment of a new division and program on alcoholism within the Department of Mental Health.

We also gave our support to the budget request of the State Department of Health and the Department of Welfare. The Health Department was given a modest 3.5 per cent increase over the current appropriation; however, it will not be possible for the department to give well-deserved raises to members of the staff throughout the State. The Legislature also failed to appropriate sufficient money to enable the Welfare Department to provide more comprehensive services under the MAA and GMH programs.

The State Medical Association opposed Senate Bill 71—concerned with medical licensing—because this bill would make West Virginia a free state for all foreign graduates and graduates of unapproved American schools. This bill was not amendable into acceptable form.

We opposed the pre-paid medical care bill (HB 274 and SB 68) because it had several objectionable features: (1) the bill specifically excluded doctors from directing boards of such plans, (2) it would have compelled participating vendors to underwrite losses of the plans, and (3) the plans would not have been under the insurance laws of the State of West Virginia.

Contrary to general public opinion and the propaganda of the promoters of this bill, we do have group practice in West Virginia and pre-paid medical office care is available through many approved sources.

Medicine is constantly accused in the press of obstructing economic progress in the field of health. We are termed conservatives, reactionaries, negative thinkers and worse. When we oppose proposed legislation, we are told we should shut up or have a better alternate proposal. What is wrong with conservatism and the status quo and what is the evil in exposing the defects and dangers in legislation proposed by minority groups?

We are not in medical economic affairs to meet the demands of all promoters and have long since became accustomed to criticism of the lay press. We shall continue to promote plans for the betterment of the general health of West Virginia and continue to buck those measures that are unsound. We stand on our record.

A number of so-called two-year medical schools was organized in the United States following the turn of the century. At one time there were eleven such schools in existence. All but three of these (the medical schools of North Dakota, of South Dakota and Dartmouth) have developed four-year curricula.

THE FALL AND RISE OF TWO-YEAR MEDICAL SCHOOLS

For many years these two-year medical schools flourished, and their students transferred to various four-year schools throughout the United States. All the two-year medical schools were connected with their parent university or college and, indeed, some of the latter were outstanding academic institutions. On the whole, it may be said that the faculties of the two-year schools did a magnificant job, and some of the great medical schools of this country were glad to receive transfers to their clinical years from nearly all of the two-year schools.

In about 1933-1935 representatives of the two accrediting agencies, namely, the Council on Medical Education and Hospitals of the American Medical Association, and the Association of American Medical Colleges made a comprehensive survey of the medical schools in the United States. After the completion of the survey, for some reason which was not entirely clear, the Council on Medical Education and Hospitals of the American Medical Association ruled that two-year medical schools would no longer be listed along with other approved schools. This created a considerable furore among medical educators and, indeed, caused considerable hardship on the two-year schools. Fortunately the Council somewhat later listed the two-year schools as "Schools of Basic Medical Science."

It is true, of course, that some of the two-year schools had but limited access to approved hospitals. Furthermore, there was a trend to lay more stress on clinical subjects during the second year; such subjects as physical diagnosis, principles of medicine and of surgery, obstetrics, psychiatry, and pediatrics were all offered in the

second year. Many of the two-year schools could meet these clinical requirements reasonably well.

It is noteworthy that there has been a revival of interest in two-year medical schools, and presently a number of institutions are being urged to develop such schools. The writer of this editorial feels that there is a distinct need for several such schools. Only institutions of high academic standards should develop two-year schools, and the entering classes should be most carefully chosen, and facilities for research of course should be provided. Actually a two-year school offers an ideal environment for research.

A two-year school can be a distinct asset to the medical profession of any state, especially in those states which have no medical school. This seems so obvious that it is unnecessary to belabor the point. It is assumed, of course, that a cordial relationship would be established between the medical school and the medical profession. It will be of genuine interest to see how many two-year schools will be developed in the United States during the next few years.

IN THE PALM OF YOUR HAND

"Blue Shield holds in the palm of its hand the survival of professional freedom in this country." So declared Dr. Norman A. Welch in a recent address, and there are few thoughtful students of the medico-economic scene who would disagree with him. Doctor Welch is a former Chairman of the Board of the National Association of Blue Shield Plans and now is Speaker of the House of Delegates of the American Medical Association.

If the survival of professional freedom depends on Blue Shield, it is equally true that the survival of Blue Shield depends on the medical profession—on our willingness to face the facts of life and to support realistic solutions for the problems we confront.

A good Blue Shield program—one that our patients will not only accept but defend—provides for lower and middle income families an assurance of fully prepaid service benefits for a broad spectrum of professional services. Mere cash indemnity benefits—unrelated to the fair value of needed professional services—are not enough. If medicine had not embraced the principle of dependable service benefits in most Blue Shield programs, the voluntary medical prepayment program would have died aborning, and we would be operating under a state-dominated plan of medical care today.

But not all Blue Shield programs are *good* programs. And where Blue Shield is less than the best, we physicians are denied the opportunity of making our optimum contribution to the survival of professional freedom.

Fortunately for us—and for the American people—Blue Shield is on the march. Indeed Doctor Welch prophesies that "we will shortly see the day when it would take a great deal of courage to criticize Blue Shield because of the respect of the public for what we are trying to do. By your participation in such a respected program you will do more to preserve the private practice of medicine than by any other single effort on the physicians' part."

'It Must Not Come'

Who says that at age 65 these elders become incapable of self-care. In medical emergency, what's impractical or un-American about continuing to find the answer in old and good ways—through partial use of accumulated resources left over after raising and educating a family, through the variety of medical insurance plans which are available without even a health question, at a price which evidence shows they can afford to pay, through reliance upon that vast "hidden asset" of family integrity and the mutual assistance obligation which it has implied over the ages, and, if all earlier sources fail, through private charity, privately managed by men and women deeply mindful of the final responsibility which rests with the community family. What's wrong with these ways?

Abraham Lincoln said very simply that the Federal Government should do for the people only what they cannot do for themselves. National defense is typical of the roles which the designers of America envisioned as appropriate to a central Government—and,even there, only in last resort. Does anyone doubt that they would be horrified at the thousands of ways in which we have undermined the Federal principle to serve personal convenience, with great sacrifice of personal independence—and have done it through taxation, at much greater cost, with great inequity?

Medicare would simply be another stain on the fabric of personal responsibilities. It must not come.—George McDonnell, Assistant Vice President, Continental Casualty Company.

Taxes

The Tax Foundation reveals that the average American will work 2 hours 19 minutes of his 8-hour day this year just to pay his federal, state and local taxes. He will work only 33 minutes of his 8 hours for clothing and accessories and only 21 minutes for medical and dental care. One hour and 23 minutes work is required to pay for food and tobacco and 1 hour and 24 minutes is necessary to cover the cost of housing and household operations.—Bulletin of the Association of American Physicians and Surgeons.

GENERAL NEWS

Dr. Charles A. Doan To Speak At 96th Annual Meeting

The Program Committee has announced that Dr. Charles A. Doan of Columbus has accepted an invitation to appear as a guest speaker at the 96th Annual Meeting of the West Virginia State Medical Association at The Greenbrier in White Sulphur Springs, August 22-24.

Charles A. Doan, M. D.

Doctor Doan, who is Dean Emeritus and Director of the Division of Hematology at the Ohio State University College of Medicine, will appear as a speaker at the second general scientific session on Friday morning, August 23. His subject will be "The Lymphomata: Their Differentiation and Selective Treatment."

Doctor Doan received the Distinguished Service Award of the American Medical Association in 1960 and is currently serving as President of the American Society of Hematology.

A native of Nelsonville, Ohio, Doctor Doan received his M. D. degree in 1923 from Johns Hopkins University School of Medicine. He was associated with the Rockefeller Institute of Medical Research and the Thorndike Memorial Laboratory in Boston, 1924-30.

He served as Professor of Medicine and Director of the Department of Medical and Surgical Research at the Ohio State University College of Medicine, 1930-36. He was chairman of the Department of Medicine and Physician-in-Chief at the Starling-Loving University Hospital and St. Francis Hospital, 1936-44.

In 1944, Doctor Doan was named Dean and Professor of Medicine of the Ohio State University College of Medicine.

Doctor Doan is a Diplomate of the American Board of Internal Medicine and a member of the American College of Physicians. He served as Chairman of the Board of Governors of the ACP, 1951-54, and he is an associate editor of *Blood*, The Journal of Hematology. He is a member of the Columbus Academy of Medicine, Ohio State Medical Association and American Medical Association.

Scientific Program Nearly Completed

Dr. Henry F. Warden, Jr., of Bluefield, Chairman of the Program Committee, announced that arrangements have nearly been completed for the general scientific program which will be presented during the three-day meeting. The other members of the Committee are Drs. Albert C. Esposito of Huntington, Richard E. Flood of Weirton and Maynard P. Pride of Morgantown.

Symposium on Thursday Morning

Doctor Warden announced previously that the first general scientific session at the Annual Meeting will be devoted to a Symposium on "Neoplastic Disease in the Chest" which will be presented by members of the faculty of the West Virginia University School of Medicine.

The first scientific session on Thursday morning, August 22, has been officially designated as "West Virginia University School of Medicine Day."

The keynote speaker for the Symposium will be Dr. Alvin L. Watne, Associate Professor of Surgery, Chief of the Cancer Committee and Director of the Tumor Clinics. Other members of the faculty who will present papers are Drs. Charles E. Andrews, Harold I. Amory, Wilhelm S. Albrink, Richard A. Currie and Norman W. B. Craythorne.

Presidential Address on Saturday Afternoon

Dr. L. J. Pace of Princeton, the President, will present his presidential address before the second session of the House of Delegates on Saturday afternoon,

August 24. The first session of the House of Delegates will be held on Wednesday evening, August 21.

Meetings of the Association's sections and affiliated societies will be held afternoons during the meeting. The pre-convention meeting of the Council will be held on Wednesday afternoon, August 21, and meetings of several committees also will be held at that time.

Additional information concerning the convention at The Greenbrier will appear in future issues of *The Journal*. The complete program will appear in the issue for August.

Senior Citizen Group Opposes King-Anderson Legislation

"Stop Thief—U. S. Senior Citizens" is the title of a new brochure written by a senior citizen who opposes King-Anderson legislation and which is being distributed by United Senior Citizens, Inc., of New York City.

The booklet presents an interesting viewpoint of a group of older citizens who prefer to provide their own hospital program. The material will be of help to physicians in preparing speeches and articles against King-Anderson legislation.

It also describes the organized effort of senior citizens who are on the side of medicine and the booklet could be distributed by physicians to their patients and friends.

The price of the booklet is $1 and copies may be obtained by writing U. S. Citizens, Inc., 570 Fifth Avenue, New York 36, New York.

Regional GP Symposium Planned In Wheeling on Oct. 13

Six out-of-state speakers will participate in a "Symposium on Clinical Medicine and Surgery" which will be held at Oglebay Park in Wheeling on October 13, 1963.

The one-day symposium will be sponsored by the Ohio Valley Chapters of the Ohio and West Virginia State Chapters of the American Academy of General Practice, in cooperation with Lederle Laboratories. Application has been made for Category I credit and a program is planned for wives of physicians attending the meeting.

Additional information concerning the symposium will appear in future issues of *The Journal*.

Psychosomatic Medicine Meeting

The Academy of Psychosomatic Medicine will hold its second symposium on "Anxiety and Depression" at the Marlborough Blenheim Hotel in Atlantic City, June 15-16. There will be several panel discussions during the two-day meeting and clinicians, psychiatrists and educators are invited to attend.

Further information may be obtained by writing Dr. Wilfred Dorfman, 1921 Newkirk Avenue, Brooklyn 26, N. Y.

Governor and Mrs. W. W. Barron were among the thousands of West Virginians who participated in the Sabin Oral mass polio immunization program sponsored recently by component societies of the West Virginia State Medical Association. The Barrons, members of their immediate family and staff, received the vaccine in a ceremony at the Governor's Mansion (Photo Courtesy of The Charleston Gazette).

Spring Session of Pediatric Society Held in Bluefield on March 21

The Spring Session of the West Virginia Pediatric Society was held at the West Virginian Hotel in Bluefield on March 21.

The one-day session was designated as "The William W. Currence Pediatric Session" in memory of the late Doctor Currence of South Charleston who died on May 6, 1962.

The guest speakers and their subjects were as follows:

"Non-Iron-Deficient Anemias."—Alvin M. Maurer, M. D., Hematologist, The Children's Hospital, Cincinnati, Ohio.

"The Purpuras of Childhood."—Phil Holland, M. D., Department of Pediatric Hematology, The Children's Hospital, Cincinnati, Ohio.

"Hematologic Problems in the Newborn."—Doctor Maurer.

A business meeting was held following the scientific session and a social hour and buffet dinner were held that evening.

PG Course in Charlottesville

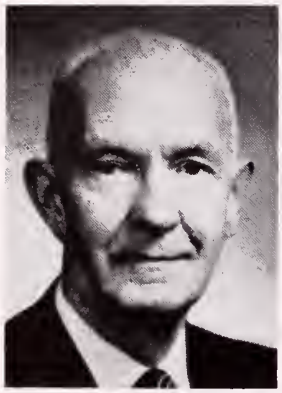
A postgraduate course on "Psychophysiology in Medicine" will be presented at the University of Virginia School of Medicine in Charlottesville, April 18-20.

The course will present current concepts in research developments in psychophysiology and psychosomatic medicine. The program is designed especially for internists, psychiatrists and general practitioners.

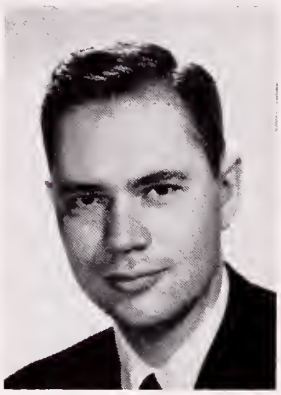
Further information may be obtained by writing to the program chairman, Dr. William M. Sheppe, Jr., University of Virginia Hospitals, Charlottesville, Virginia.

W. Va. Acad. Oph. and Otol. To Meet At The Greenbrier, April 17-20

The 16th Annual Meeting of the West Virginia Academy of Ophthalmology and Otolaryngology will be held at The Greenbrier in White Sulphur Springs, April 17-20. Dr. William K. Marple of Huntington, the President, will preside during the four-day meeting.



Frank B. Walsh, M. D.



William F. House, M. D.

Doctor Marple announced that six out-of-state physicians have accepted invitations to present papers at the general scientific sessions. Several of the speakers will present more than one paper during the meeting.

The speakers and their subjects are as follows:

"Acute Trauma to the Optic Nerves: A Clinical Pathologic Evaluation," and "Intracranial Optic Nerve Involvements."—Frank B. Walsh, M. D., Baltimore.

"Medical and Surgical Treatment of Endolymphatic Hydrops," "Surgical Exploration of the Internal Auditory Canal and Removal of Early Acoustic Neuromas"; and "Tympanoplasty, 1963."—William F. House, M. D., Los Angeles.

"Blepharoptosis," and "Entropion and Ectropion." —Byron Smith, M. D., New York City.

"Retinal Detachment: Diagnosis and Surgical Management."—Harrell Pierce, M. D., Baltimore.

"Audiometry in Differential Diagnosis," and "Aural Rehabilitation for the Non-Surgical Patient."—E. W. Johnson, Ph. D., Los Angeles.

"Trauma of the Head and Neck as Related to Otolaryngology."—G. S. Fitz-Hugh, M. D., Charlottesville.

A registration fee of $35.00 for associate members will cover all scientific and social sessions. An entertainment program has been arranged for wives of physicians attending the meeting.

Additional information concerning the meeting may be obtained by writing the Secretary, Dr. Worthy W. McKinney, Professional Park, Beckley, West Virginia.

New Fellows of ACOG

Four West Virginia physicians were recently inducted as Fellows of the American College of Obstetrics and Gynecology.

The new Fellows in the State are Dr. J. A. Vermeeren of Beckley, and Drs. John Lee Crites, John A. Goodno, Jr., and Robert E. Stone, all of Charleston.

Medical Meetings, 1963

The following is a partial list of national, state and district medical meetings scheduled for 1963:

Apr. 17-20—W. Va. Acad. Oph. and Otol., White Sulphur Springs.
Apr. 18-20—W. Va. Chapter, ACS, The Greenbrier, White Sulphur Springs.
May 1-3—W. Va. PH Association, Charleston.
May 3-4—W. Va. Soc. Med. Technologists, Clarksburg.
May 13-15—National TB Assn., Denver.
May 24-26—W. Va. Chapter, AAGP, Charleston.
June 16-20—AMA Annual Meeting, Atlantic City.
Aug. 22-24—W. Va. State Medical Association, The Greenbrier, White Sulphur Springs.
Sept. 6—W. Va. Heart Assn., Charleston.
Oct. 9-11—W. Va. Hospital Association, Wheeling.
Oct. 10-12—AMA School Conference, Chicago.
Oct. 13—GP Symposium, Wheeling.
Oct. 21-22—American Cancer Soc., New York.
Oct. 25-27—Annual PG Institute, Martinsburg.
Oct. 27-31—ACS Clinical Congress, San Francisco.
Nov. 18-21—Southern Medical, New Orleans, La.
Dec. 1-4—AMA Clinical Meeting, Portland, Ore.

Annual Meeting, W. Va. Chap., AAGP, In Charleston, May 24-26

More than three hundred physicians are expected to attend the 11th Annual Scientific Assembly of the West Virginia Chapter of the American Academy of General Practice which will be held at the Charleston Civic Center, May 24-26.

Dr. Joseph A. Smith of Dunbar, general chairman of the convention, announced that eleven prominent physicians and surgeons already have accepted invitations to appear as guest speakers on the scientific program. General scientific sessions will be held mornings and afternoons on Saturday and Sunday in addition to an afternoon session on Friday, May 24.

Dr. Don S. Benson of Moundsville is president of the West Virginia Chapter; Doctor Smith, president elect; Dr. Jack Leckie of Huntington, vice president; Dr. P. A. Haley of Charleston, secretary; and Dr. L. Dale Simmons of Clarksburg, treasurer.

The West Virginia Cancer Society will co-sponsor the opening scientific session. Dr. James P. Cooney of New York City, vice president of medical affairs of the American Cancer Society, will appear as one of the speakers.

PG Course on Care of Adolescent

A postgraduate course on "The Medical Care of the Adolescent" will be presented by the Harvard Medical School at the Children's Hospital Medical Center in Boston, April 29-May 3.

The intensive course of instruction, under the direction of Dr. J. Roswell Gallagher, is designed to cover the diagnosis and treatment of many disorders common in adolescence.

A fee of $180 includes registration, tuition and luncheon and dinner sessions. Further information may be obtained by writing to the Assistant Dean, Courses for Graduates, Harvard Medical School, Boston 15, Massachusetts.

W. Va. Heart Association Has Funds Available For Research Work

The West Virginia Heart Association has funds available for medical student grants-in-aid and fellowships for research in cardiovascular disease in West Virginia.

The fellowships provide a student with $200 a month and a maximum of $600 during his summer vacation for work on an approved project in a West Virginia laboratory or hospital.

Each grant provides $200 to a research laboratory in which a student works for basic equipment and supplies. Students are eligible for both a fellowship and a grant. Projects must have the approval of the student's dean, the laboratory in which he plans to work, and the West Virginia Heart Association.

Further information may be obtained by writing to the West Virginia Heart Association, 759 West Washington Street, Charleston, West Virginia.

Dr. Merle S. Scherr Participates In Allergy Meetings

Dr. Merle S. Scherr of Charleston participated in a graduate instructional course in allergy which was held at the Americana Hotel in New York City, March 24-26.

He also presented a paper before the 19th annual Congress of the American College of Allergists which was held immediately following the postgraduate course.

Doctor Scherr and Dr. Bernard T. Fein of San Antonio presented a demonstration of "Breathing Exercises and Other Rehabilitation Measures in the Management of Bronchial Asthma" on March 26. Another participant was Mr. Robert Rule of Newark, New Jersey, former director of physical fitness at the YMCA in Charleston.

The subject of Doctor Scherr's paper presented before the Congress on March 27 was "Evaluation of Adverse Reactions in 3,000 Emulsion Injections."

Medical Technologists Meeting In Clarksburg, May 3-4

Dr. Herman Fischer will deliver the keynote address at the 15th Annual Meeting of the West Virginia State Society of Medical Technologists which will be held at the Stonewall Jackson Hotel in Clarksburg, May 3-4.

Other principal speakers will be Mrs. Marion C. Fetter of the Ames Research Laboratories, who will discuss "The Medical Technologist as a Researcher," and Dr. L. W. Diggs, Director of the Medical Laboratories at the University of Tennessee School of Medicine.

Physicians and other interested persons have been invited to attend the meeting. Further information may be obtained by writing Miss Vera Ann Kelley, M. T. (ASCP), St. Mary's Hospital, Clarksburg, West Virginia.

Maternal and Child Health Services Reviewed by Federal Official

The Maternal and Child Health Services of the State Department of Health were reviewed recently by Dr. Madeleine E. Morcy, Regional Medical Director of the U. S. Children's Bureau.

Reporting in the weekly "State of the State's Health," Director of Health N. H. Dyer said Doctor Morcy discussed program plans for the proposed Birth Defects Register and the Guthrie P. K. U. Survey of Hospital Newborns.

Mental Retardation Program Praised

Doctor Morcy also visited the Consultation and Evaluation Clinic for Mentally Retarded Children at South Charleston and was well pleased with the Mental Retardation Program which was expanded in January, 1962, through a special $40,000 grant from the Children's Bureau.

Doctor Dyer acknowledged the cooperation which the Department of Health has received from the federal agency, adding that support for Maternal and Child Health services in West Virginia comes entirely from federal funds. "It has surely been their assistance which has made possible such measures as vitamin supplements and, in a more broad sense, such vast progress as the sharp decline in infant mortality in the state," Doctor Dyer said.

The Department of Health recently received funds from the Children's Bureau for the purchase of Vitamin A-D-C for the distribution through local health units as a means of strengthening the diets of needy infants and pre-school children. These supplemental vitamins will provide therapy for 90 days for 18,144 children and are intended primarily for indigent infants on formulas made from commodities.

State Seventh in Fluoridation

In another issue of "State of the State's Health," Doctor Dyer commented on National Children's Dental Health Week and President Kennedy's message to the American Dental Association which advocated fluoridation programs as a great preventive measure. He said that "nearly seventy-nine per cent of the West Virginians who are using community water supplies are drinking fluoridated water, which placed this State seventh in the United States last year." During 1962, seven new communities were added to the forty-two which already had instituted such programs.

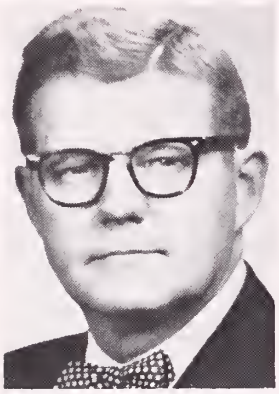
Dr. Ryan Participates in USPHS Course

Dr. Ralph W. Ryan of Morgantown participated in a U. S. Public Health Service course in "Public Health and Medical, Chemical and Biological Defense" which was held at Fort McClellan, Alabama, March 25-30. The course was conducted at the United States Army Chemical Corps School.

Doctor Ryan is a member of the State Medical Association's Committee on Medical Emergencies and Civil Defense.

West Virginia Chapter, ACS, To Meet At The Greenbrier, April 19-20

Dr. Francis L. Coffey of Huntington, President of the West Virginia Chapter, American College of Surgeons, will preside at the Annual Meeting of the Chapter which will be held at The Greenbrier in White Sulphur Springs, April 19-20.



Herbert E. Warden, M. D.

Two out-of-state physicians will present papers during the two-day meeting: Dr. William B. Kiesewetter, Surgeon-in-Chief, Children's Hospital, Pittsburgh; and Dr. H. William Clatworthy, Jr., Chief of the Department of Pediatric Surgery at Children's Hospital in Columbus.

First Scientific Session

Several West Virginia physicians also will present papers during the two general scientific sessions. Doctor Coffey will preside at the first session on Friday morning and the speakers and their subjects are as follows:

"Embryology of the GI Tract."—Robert Johnson, M. D., Chairman of the Department of Anatomy, WVU School of Medicine.

"Intestinal Obstruction in the Newborn."—William B. Kiesewetter, M. D.

"Meconium: Friend or Foe."—H. William Clatworthy, Jr., M. D.

"Bladder Outlet Obstruction in Children."—D. Franklin Milam, M. D., Associate Professor and Chairman of the Division of Urology, WVU School of Medicine.

"Problems in Pediatric Anesthesia."—Allen E. Yeakel, Assistant Professor of Anesthesiology, WVU School of Medicine.

"Duplication of the Stomach."—A. Kyle Bush, M. D., The Myers Clinic, Philippi.

Saturday Morning Program

Dr. Jack C Morgan of Fairmont, the vice president, will preside at the second general scientific session on Saturday morning. The speakers and their subjects are as follows:

"Pulmonary Surgery in Children."—James H. Walker, M. D., Charleston.

"Pulmonary Complications of Staphylococcal Disease."—H. William Clatworthy, Jr. M. D.

"Intestinal Obstruction in the Infant."—William B. Kiesewetter, M. D.

"A Newly Recognized Type of Ventricular Outflow Obstruction."—Herbert E. Warden, M. D., Professor of Surgery, WVU School of Medicine.

"Orthopedic Pediatric Problems."—J. Marshall Carter, M. D., Huntington.

A business meeting will be held immediately following the scientific program on Saturday morning, and a social hour for members and guests will be held on Friday evening.

A cordial invitation to attend the meeting has been extended by the West Virginia Chapter to all practicing physicians in the State.

Additional information concerning the meeting may be obtained by writing the Secretary, Dr. E. F. Heiskell, Jr., Citizens Building, Morgantown.

Research Forum Scheduled During AMA Meeting in Atlantic City

The popular Multiple Discipline Research Forum will be held for the third year during the 112th annual meeting of the American Medical Association in Atlantic City.

More than 200 of the nation's top scientists, representing a cross section of nearly every medical specialty, will present new and original papers during three days of the meeting, June 18-20.

Physicians and medical scientists who have carried out original investigation of fundamental problems in medicine and medical practice were invited to submit abstracts of their work to the Forum Committee. The chairman is Dr. Edwin H. Ellison, professor and chairman of the Department of Surgery at Marquette University Medical School in Milwaukee.

The research forum program represents an avenue by which physicians can keep abreast of general scientific progress in medicine and thereby bring to their patients the best that medicine has to offer, Doctor Ellison said.

The program takes into account the fact that many advances in medical research today come from basic science and clinical laboratories where the newest and most complex techniques of chemistry, physics and biology are applied to studies of disease, he said.

"To remain alert and effective throughout their professional careers," he said, "physicians are well aware that they must now possess a much broader knowledge of the pre-clinical sciences than ever before."

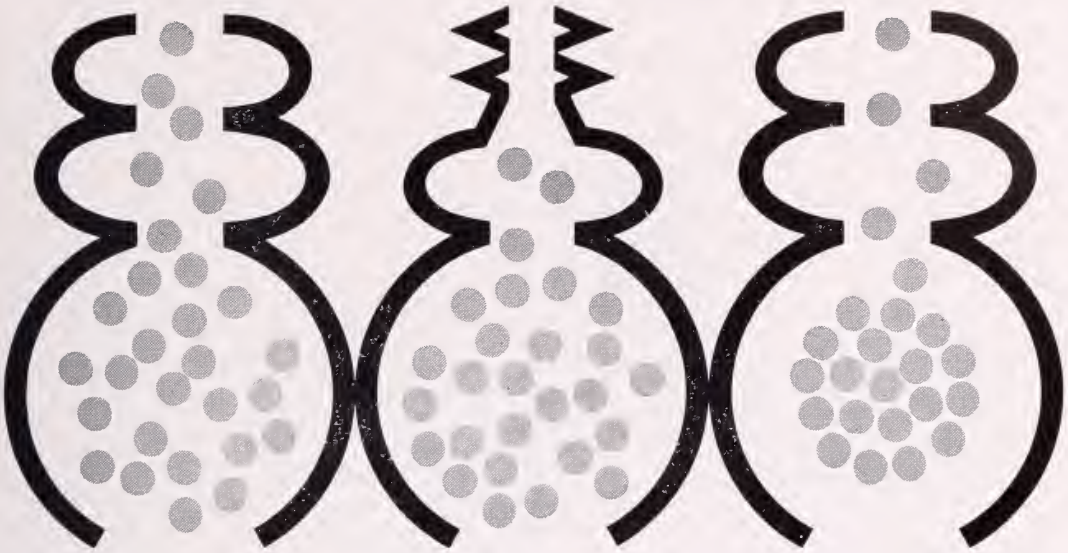
Dr. William S. Middleton Retires As VA Medical Director

The retirement of Dr. William S. Middleton as chief medical director of the Veterans Administration was announced in Washington on February 28.

Doctor Middleton, who served for many years as Dean of the University of Wisconsin School of Medicine, appeared as a guest speaker at the 1962 annual meeting of the West Virginia State Medical Association. He also has appeared on programs at numerous other medical meetings throughout the State and is well known to West Virginia physicians.

As head of the Veterans Administration Medical Program, he was in charge of 169 hospitals, nearly 100 out-patient clinics and a nationwide home-town care program, which together provide care for some 2½ million veteran patients annually.

Commenting on Doctor Middleton's retirement, President Kennedy stated that his life is a good example of "complete selfless dedication of an individual to the needs of mankind."



lowers motility | relieves cramping | stops diarrhea

LOMOTIL® Antidiarrheal tablets and liquid

(brand of diphenoxylate hydrochloride with atropine sulfate)

Traditionally the most effective means of slowing excess intestinal motility in diarrhea and so of relieving the disorder have been the opium derivatives. Now Lomotil makes available an antidiarrheal agent[1] of greater therapeutic efficiency than morphine.

By controlling hypermotility, the basic mechanical dysfunction of diarrhea, Lomotil reduces the frequency and fluidity of stools, diminishes cramping and controls diarrhea in many patients in whom other drugs have proved inadequate.

In a recent clinical report Cayer and Sohmer[2] state: "The alleviation of symptoms [with Lomotil] was usually prompt, occurring within 24 to 72 hours even in the long-standing chronic cases. . . . A surprisingly satisfactory response was obtained in 75 per cent of the patients with regional enteritis and in 63 per cent of those with ulcerative colitis, all of whom had failed to respond to other measures."

The high therapeutic efficiency of Lomotil, its safety, convenience and economy may be used to advantage in acute or chronic diarrhea.

Dosage: For *adults* the recommended initial dosage is two tablets (2.5 mg. each) three or four times daily. Maintenance dosage may be as low as two tablets daily.

Lomotil is supplied as unscored, uncoated white tablets of 2.5 mg. and as liquid containing 2.5 mg. in each 5 cc. A subtherapeutic amount of atropine sulfate (0.025 mg.) is added to each tablet and each 5 cc. of the liquid to discourage deliberate overdosage. Recommended dosage schedules should not be exceeded.

Note: Lomotil is an exempt preparation under Federal narcotic statutes.

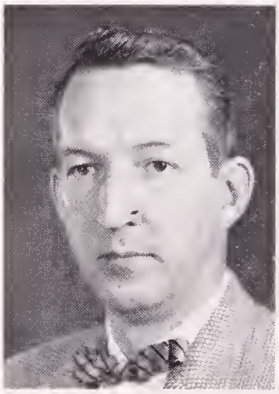
Detailed information and directions for use in children and adults are available in Physicians' Product Brochure No. 81. G. D. Searle & Co., P. O. Box 5110, Chicago 80, Illinois.

1. Janssen, P. A. J., and Jageneau, A. H.: A New Series of Potent Analgesics: Dextro 2:2-Diphenyl-3-Methyl-4-Morpholino-Butyrylpyrrolidine and Related Amides. I. Chemical Structure and Pharmacological Activity. J. Pharm. Pharmacol. 9:381-400 (June) 1957.
2. Cayer, D., and Sohmer, M. F.: Long-Term Clinical Studies with a New Constipating Drug, Diphenoxylate Hydrochloride, N. Carolina Med. J. 22:600-604 (Dec.) 1961.

G. D. SEARLE & CO. *Research in the Service of Medicine*

WVU Medical Center
—News—

Dr. David Z. Morgan of Morgantown has been appointed an instructor in the West Virginia University School of Medicine and Medical Director of the Outpatient Department of the University Hospital. A native of Fairmont, Doctor Morgan attended Marion County public schools, the two-year School of Medicine at West Virginia University and received his M. D. degree in 1952 from the Medical College of Virginia.



David Z. Morgan, M. D.

Doctor Morgan, who recently completed his residency in Internal Medicine at the WVU School of Medicine, interned at the Ohio Valley General Hospital in Wheeling and took postgraduate work in pathology at the WVU School of Medicine.

His duties as Medical Director of the Outpatient Department will include the coordination of assignment and supervision of senior students to assure their best teaching experience. His work in the Department of Medicine relates particularly to the fields of hypertension and renal-vascular disease.

Open House Will Be Held May 10-11

The Medical Center will devote the afternoon of May 10 and the morning of May 11 to an open house and the recruitment of potential physicians, nurses, medical technologists and graduate students in the health sciences.

Special displays and tours have been arranged to explain the Medical Center's six educational programs in the health sciences for the annual Greater West Virginia Weekend.

Dr. Clark K. Sleeth, Dean of the School of Medicine, said West Virginia physicians may wish to suggest to prospective students—juniors and seniors in high school and college undergraduates—that they come to Morgantown on these days for a first-hand evaluation of the Medical Center and its programs.

Scope of Teaching of Genetics Broadened

The School of Medicine has broadened its scope in the basic subject of genetics due to the emphasis on DNA (desoxyriboncleic acid) and RNA (ribonucleic acid) and their links to the life process.

Dean Sleeth explained that the concept of teaching genetics is now inter-departmental. Introduced into the second year of professional medical education is a series of lectures and conferences on the subject using personnel from several divisions and departments of the total University.

This is aimed at acquainting students with general genetic principles of help to the prospective physician. Brought into the course are teachers from the fields of biochemistry, pediatrics, obstetrics and gynecology, agricultural genetics, bacterial genetics and others.

Lecture by British Physician

Dr. L. G. C. E. Pugh of the British Medical Research Council's Division of Human Physiology in London, a physician and member of medical research teams that have climbed some of the world's highest mountains, gave two lectures at the Medical Center on March 6.

He discussed "Extreme Tolerance to Cold Conditions—Exposure in Air and in Water," and "Man at Altitude: Lessons from the Himalaya." His appearance was sponsored by the American Physiological Society and the WVU Medical Education for National Defense Fund.

Residency Program in Radiology Approved

A three-year residency program in radiology has been approved for the WVU School of Medicine by the American Board of Radiology and the Council on Medical Education and Hospitals of the American Medical Association.

The new program will be directed by Dr. Harold I. Amory, Professor and Chairman of Radiology, and brings to nine the number of approved residency programs at the School of Medicine. Others are offered in anesthesiology, neurological surgery, internal medicine, obstetrics and gynecology, surgery, pathology, pediatrics and orthopedic surgery.

• **Compiled from material furnished by Howard Lewis, Administrative Assistant to the Vice President, West Virginia University Medical Center, Morgantown, West Virginia.**

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The Month in Washington

• **From the Washington Office of the American Medical Association.**

THE American Medical Association has urged changes in the federal income tax law which would increase allowable deductions for medical expenses of older persons. Dr. Percy E. Hopkins of Chicago, Chairman of the AMA Board of Trustees, and Dr. Francis C. Coleman of Des Moines, Iowa, Chairman of the AMA Council on Legislative Activities, outlined the Association's position before the House Ways and Means Committee.

Most of the amendments proposed by the AMA involve changes in the Internal Revenue Code affecting those 65 and over and persons contributing to their support. These changes include:

(1) Permission for a taxpayer to deduct, without regard to the amount of support contributed, any medical expense paid for an aged dependent.

(2) Reduction of the income tax liability of lower income persons among the aged who have large medical expenses.

(3) Permission for aged taxpayers to receive full tax benefit for medical expenses by use of the carry-forward and carry-back method, just as businesses are presently permitted to offset losses in one year against profits in another year.

(4) Removal of the one per cent floor on drugs and medicines for taxpayers 65 and older.

The AMA recommended the tax law changes to the House committee shortly after President Kennedy had sent to Congress a special message asking again for congressional approval of his plan that would put limited health care of the aged under social security. The American Medical Association reiterated its determined opposition to such legislation.

New Health Care Bill

The administration's new health care plan generally was similar to the King-Anderson bill which the Senate rejected last year. The major change would extend the health coverage to the 2.5 million older persons not covered by Social Security.

A variable hospitalization benefit program would be available to all aged social security beneficiaries with costs paid from funds provided by an increase in social security taxes. Coverage for those not participating in social security programs would be paid from general tax revenues.

Beneficiaries would have the option of selecting from three coverage plans—45 days of hospitalization with no deductible; 90 days with a maximum $90 deductible; or 180 days with the insured paying a deductible equal to 2½ days of average hospital costs.

Home nursing facilities, out-patient diagnostic services and up to 240 home health-care visits a year by community visiting nurses and physical therapists also would be provided.

Cost of Program

Administration officials estimated the cost would be $7 billion for the first five years. Insurance officials predicted the cost would be substantially higher.

Under the proposal, Social Security taxes for both employers and employes, would be increased one-quarter of one per cent. The Social Security tax for the self-employed would be hiked two-fifths of one per cent.

President Kennedy also requested that the annual earnings base from which Social Security taxes are collected be raised to $5,200 from the present $4,800. The plan would start Jan. 1, 1965, and require an extra $27.50 contribution yearly from both the employe and employer where the employe makes $5,200 or more. Maximum added cost to the self-employed would be $42.40 a year.

Dr. George M. Fister, President of the American Medical Association, said the Administration's new plan "proposes a government-controlled program which would force increased taxes on wage earners and employers to buy limited hospitalization, nursing home and nursing care for millions of people over 65 who are financially able to take care of themselves."

"The use of tax funds to provide benefits to an entire population group regardless of need, the wealthy and well-to-do included, is just as unwise and economically unsound today as it was last year and the year before that," Doctor Fister said.

"The American Medical Association believes in helping those who need help, using tax funds where they may be required. We believe citizens of whatever age who are able to take care of themselves should not become a burden on the taxpayers. We believe the vast majority of Americans share our view."

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Obituaries

WILLIAM RAMSEY LAIRD, M. D.

Dr. William Ramsey Laird, 72, founder of Laird Memorial Hospital in Montgomery, died on March 5 in that hospital. Death was attributed to a heart ailment.

William Ramsey Laird, M. D.

Doctor Laird, who in 1958 received the Distinguished Service Award of the American College of Surgeons, was born in Nicholasville, Kentucky, on June 28, 1890, son of The Rev. Dr. William R. and Ella Penick Laird.

He spent his early life in Danville, Virginia, where his father was pastor of the First Presbyterian Church. He was graduated from Washington and Lee University and received his M. D. degree in 1914 from the Medical College of Virginia.

Doctor Laird served his internship at the Sheltering Arms Hospital in Hansford, Kanawha County, 1914-15, and was licensed to practice in West Virginia in 1916. He served as Chief of Surgery at that hospital, 1916-19, before establishing the Coal Valley Hospital and the Montgomery Clinic.

He served as chief surgeon at that hospital until 1938 when he founded the Laird Memorial Hospital and two years later established the Laird Foundation, a non-profit organization set up for charitable, scientific, benevolent and educational purposes.

Doctor Laird also was the author of "The Philosophy of Medicine," published in 1956 by Education Foundation, Inc. That same year, his alma mater, the Medical College of Virginia, awarded him an honorary degree of Doctor of Literature in recognition of his book. He also received honorary degrees from Salem College, West Virginia Wesleyan, West Virginia Institute of Technology, Hampden-Sydney College and Waynesburg College.

The award in 1958 by the American College of Surgeons cited Doctor Laird for his "long career as a surgical educator, for his scholarly contribution to literature, both lay and medical, for his continuous effort to elevate the quality of medical care in his state, and for his devotion to and exemplification of the ideals of the American College of Surgeons for 35 years."

He was certified by the American Board of Surgery and was a member of the American College of Surgeons, the Visiting Committee of the West Virginia

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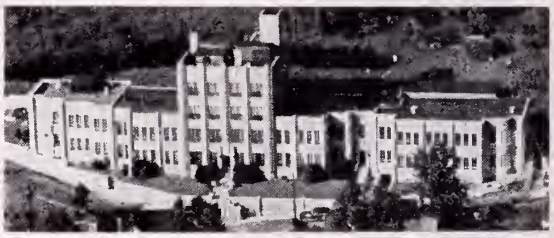


Radiology:
KARL J. MYERS, M. D.

Pathology:
S. D. WU, M. D.

Surgery:
HU C. MYERS, M. D.
A. KYLE BUSH, M. D.

Gynecology and Obstetrics:
RAYMOND W. CRONLUND, M. D.

Internal Medicine:
JOHN E. LENOX, M. D.
J. L. RITTMEYER, M. D.
ERNEST G. GUY, M. D.

Pediatrics:
CORA C. LENOX, M. D.

Dentistry:
GLENN B. POLING, D. D. S.

Anesthesiology
G. E. HARTLE, M. D.

Brooddus Hospitol Resident Stoff:
CHIN-JO TSENG, M. D.
S. A. QADIR, M. D.
SION SOLEYMANI, M. D.
RUSSELL C. HERMAN, M. D.

THE MYERS CLINIC
Philippi, West Virginia

University School of Medicine, the board of the Medical College of Virginia Foundation, the Education Foundation of West Virginia, the Fayette County Medical Society, West Virginia State Medical Association and American Medical Association.

Besides his widow, he is survived by one son, former U. S. Senator William R. Laird III of Fayetteville; a sister, Miss Elizabeth McNeel Laird of Montgomery; and a nephew, Dr. T. Kerr Laird of Montgomery.

* * * *

CHARLES H. CLOVIS, M. D.

Dr. Charles H. Clovis, 77, of Wheeling, died at a hospital in that city on February 25.

Doctor Clovis, who retired in 1953 from active practice in his specialty of radiology, was graduated from West Virginia Wesleyan College and received his M. D. degree in 1915 from the Ohio State University College of Medicine, the same year he was licensed to practice in West Virginia. He interned at the Ohio Valley General Hospital in Wheeling, 1915-16, and served a residency at that same hospital, 1917-18.

He was a former member of the Ohio County Medical Society, the West Virginia State Medical Association and the American Medical Association.

He is survived by a daughter, Mrs. Daniel H. Osburn of Pittsburgh, and two brothers, Benjamin Clovis of Power, Brooke County, and Forney Clovis of Burton, Wetzel County.

* * * *

EDWIN WILLIAM CROOKS, M. D.

Dr. Edwin William Crooks, 88, of Parkersburg, died on February 15 at a hospital in that city.

Doctor Crooks, who had practiced for more than 50 years in Parkersburg, was born at Belleville, Wood County, on September 15, 1874, son of H. N. and Marian Muir Crooks. He attended the public schools in Wood County and received his M. D. degree in 1906 from Pulte Medical College in Cincinnati, Ohio. He opened his practice in Belleville that same year and two years later moved to Parkersburg.

He was an honorary life member and former president of the Parkersburg Academy of Medicine. He also was an honorary life member of the West Virginia State Medical Association and the American Medical Association.

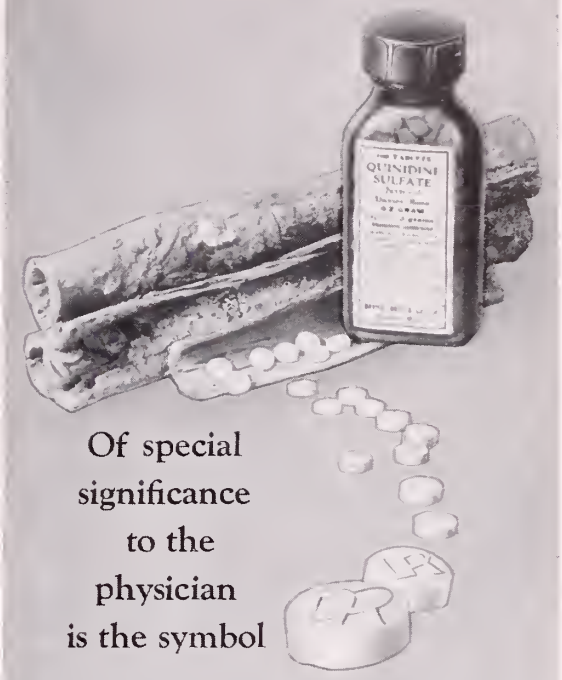
He is survived by a daughter, Mrs. John V. Roberts of Vienna, Wood County, and three sons, Dr. Edwin W. Crooks, Jr., of Morgantown; Dr. H. Nelson Crooks of Cambridge, Ohio, and Dr. Robert D. Crooks of Parkersburg.

* * * *

WILLIAM RUSH GOFF, M. D.

Dr. William Rush Goff, 77, of Parkersburg, died at his home in that city on March 6 after an extended illness.

Doctor Goff was born at Spencer on May 14, 1885, son of the late Lewis S. and Mary E. Simmons Goff. He was a graduate of Marshall University, attended the two-year School of Medicine at West Virginia University and received his M. D. degree in 1917 from the Western Reserve University School of Medicine.



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HUNTINGTON, WEST VIRGINIA

He interned at City Hospital in Cleveland, Ohio, 1917-18, and served a residency at Lakeside Hospital in that city, 1919-22. During World War I, Doctor Goff served in the Medical Corps of the United States Army and was released with the rank of First Lieutenant.

Doctor Goff was awarded a Surgical Traveling Fellowship in Europe, 1922-23, and had practiced in Parkersburg from 1923 until his retirement.

He was an honorary life member of the Parkersburg Academy of Medicine, West Virginia State Medical Association and American Medical Association.

Besides his widow, he is survived by a son, William Rush Goff, Jr. of Parkersburg.

* * * *

FRED BEN QUINCY, M. D.

Dr. Fred Ben Quincy, 84, of Aflex, Kentucky, who had practiced in the Southern West Virginia coalfields for more than 50 years, died on February 21 in a Williamson hospital after a long illness.

Doctor Quincy was born at Jersey City Heights, New Jersey, on March 8, 1878, son of George and Annetta Vorhees Quincy. He attended the public schools in Newark and received his M. D. degree in 1900 from the Medical College of Virginia.

He interned at Miners Hospital No. 1 in Welch in 1901, the year that three of these hospitals were established in West Virginia. He practiced in the Welch area until 1925 when he moved to Williamson. Doctor Quincy also maintained an office in Aflex, Kentucky, for many years.

He was an honorary life member of the Mingo County Medical Society, the West Virginia State Medical Association and the American Medical Association.

Besides his widow, he is survived by a son, Robert G. Quincy of Chapel Hill, North Carolina.

* * * *

MARSHALL WRAY SINCLAIR, M. D.

Dr. Marshall Wray Sinclair, 70, of Bluefield, died on February 16 at his home in that city after an illness of three weeks.

Doctor Sinclair was born at Hampton, Virginia, on December 29, 1892, son of Cecil W. and Margaret Baytop Sinclair. He received his M. D. degree in 1916 from the Medical College of Virginia and interned and served a residency at the Philadelphia Polyclinic Hospital. He did postgraduate work in his specialty of pathology at Johns Hopkins Hospital in Baltimore.

He practiced in Newport News, Virginia, and Anderson, South Carolina, before moving to Bluefield in 1924. He retired from active practice in 1955 due to illness.

Doctor Sinclair was an honorary life member of the Mercer County Medical Society, the West Virginia State Medical Association and the American Medical Association.

Besides his widow, he is survived by two sons, George T. Sinclair of New York City and Dr. Carter A. Sinclair of Hickory, North Carolina; one brother, E. A. Sinclair of Hampton, Virginia; and two sisters, Mrs. E. P. Anderson and Mrs. Howard F. Collier, also of Hampton, Virginia.

County Societies

CABELL

Dr. Charles Moffatt of Huntington, Professor of History at Marshall University, was the guest speaker at the regular monthly meeting of the Cabell County Medical Society which was held at the Hotel Frederick in Huntington on February 14.

Doctor Moffatt presented a stimulating address on "The Role of America in a Changing World." He noted that the current "Cold War" really is "an ideological conflict, a struggle for the minds of men."

Dr. Jack Leckie, the president, presided at the business meeting which was attended by 42 members. —W. L. Neal, M. D., Secretary.

* * * *

MERCER

Dr. David H. Gatherum was the speaker at the regular monthly meeting of the Mercer County Medical Society which was held at the West Virginian Hotel in Bluefield on February 18. He presented an interesting paper on "The Physiology and Treatment of Respiratory Distress."

Dr. James E. McGee, the president, presided at the meeting and appointments to the various committees were announced. The members stood for a moment of silence in memory of Dr. Marshall W. Sinclair who died on February 16.

The Society voted to make a contribution to the National Society for Medical Research.—J. Brookins Taylor, M. D., Secretary.

* * * *

MONONGALIA

Dr. Michael L. Furcolow of Kansas City, Kansas, was the guest speaker at the regular monthly meeting of the Monongalia County Medical Society in Morgantown on February 12.

Doctor Furcolow, Associate Clinical Professor of Medicine at the University of Kansas School of Medicine, discussed "Therapy of Histoplasmosis."

Dr. C. A. Logue, the president, presided at the business meeting which was attended by 43 members and guests. Dr. Allen E. Yeakel was elected to membership in the Society and Dr. Victor Napoli to courtesy membership.—George A. Curry, M. D., Secretary.

* * * *

McDOWELL

The regular monthly meeting of the McDowell County Medical Society was held at the Stevens Clinic Hospital in Welch on January 9.

Dr. Dante Castrodale, the president, presided at the business meeting which was attended by 19 members and guests. He expressed the Society's appreciation to Dr. George L. Fischer, the immediate past president, for his work during 1962.

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Dr. John H. Murry, County Health Officer, read a communication from State Director of Health N. H. Dyer regarding the institution of a visiting nurse society for the chronically ill. Doctor Murry explained that the service is for the medically indigent who do not require hospitalization but are unable to care for themselves.—J. Hunter Smith, M. D., Secretary.

* * * *

OHIO

A report on the Sabin Oral Program was presented at the regular monthly meeting of the Ohio County Medical Society which was held at Wheeling in February.

The steering committee reported that about 75 per cent of the county's population of 61,548 received the vaccine in clinics held on December 2 and January 20—46,367 at the first and 47,438 at the second.

Dr. Charles H. Hiles, the president, presided at the business meeting and Dr. Frank R. Maskrey was elected to honorary life membership in the Society.—William H. Hagedorn, Jr., Executive Secretary.

* * * *

PARKERSBURG ACADEMY

Dr. Herbert E. Warden, Professor of Surgery at the West Virginia University School of Medicine, was the guest speaker at the regular monthly meeting of the Parkersburg Academy of Medicine which was held at the American Legion Home in Parkersburg on March 7.

He presented an interesting paper on "Current Surgical Management of Diseases of the Aorta and Its Major Branches." These included the abnormalities of the root of the aorta, the aortic arch, the thoracic aorta and the abdominal aorta.

Doctor Warden discussed several cases involving traumatic injury of the aortic arch treated by grafts. He also used slides to illustrate the lesions involved.

* * * *

RALEIGH

Dr. David Meek of Beckley was the guest speaker at the annual joint meeting of the Raleigh County Medical Society and the Raleigh County Bar Association which was held at the Beckley-Winn Hotel in Beckley on February 21.

Doctor Meek, chief medical resident at the Beckley Memorial Hospital, presented an interesting paper on "The Analysis of Handwriting and How It Can Be Used Both Legally and Medically."—Warren D. Elliott, M. D., Secretary.

Annual Session in Baltimore

The 165th Annual Meeting of the Medical and Chirurgical Faculty of the State of Maryland will be held at the Alcazar Hotel in Baltimore, May 1-3. In addition to the general scientific sessions, a feature of the meeting will be a panel discussion on the "Business Side of Medicine."

State physicians have been invited to attend the three-day meeting and additional information may be obtained by writing the Medical and Chirurgical Faculty, 1211 Cathedral Street, Baltimore 1, Maryland.

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Third Vice President: Mrs. Andrew J. Weaver, Clarksburg
Fourth Vice President: Mrs. W. V. Wilkerson, Whitesville
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Recording Secretary: Mrs. J. A. B. Holt, Charleston
Corresponding Secretary: Mrs. C. J. Holley, Wheeling
Parliamentarian: Mrs. J. E. Spargo, Jr., Wheeling

CABELL

Costumes of 1863 and 50 Spring hats were modeled at the "Bonnet Brunch" sponsored by the Woman's Auxiliary to the Cabell County Medical Society and held at the Woman's Club in Huntington on March 1.

Mrs. Wilson P. Smith, the president, welcomed the 250 members and guests and Mrs. C. Staffard Clay was commentator. Proceeds went to the West Virginia University School of Medicine.

* * * *

MINGO

Mr. Zane Gray Staker of Williamson, second vice president of the West Virginia State Bar, was guest speaker at the regular monthly meeting of the Woman's Auxiliary to the Mingo County Medical Society which was held at the Mountaineer Hotel in Williamson on February 28.

Mr. Staker, a native of Mingo County and graduate of the West Virginia University College of Law, discussed the recent U. S. Supreme Court decision pertaining to religious practices in the public schools. A question and answer session followed his address.

Mrs. W. H. Price and Mrs. Andrew H. Henderson were hostesses for the luncheon meeting which was attended by more than 60 members and guests.—Mrs. Don V. Hatton, Secretary.

* * * *

MONONGALIA

The Woman's Auxiliary to the Monongalia County Medical Society held its regular monthly meeting at the Hotel Morgan in Morgantown on February 12.

Hostesses for the meeting were Mrs. Hubert A. Shaffer, chairman, and Mesdames J. W. Hesen, Jr., John F. Stecker, Herbert E. Warden and John H. Trotter.

Mrs. Harold G. Young, the president, presided at the business meeting which was attended by more than 20 members and guests.

The regular monthly meeting of the Woman's Auxiliary to the Monongalia County Medical Society was held at Tony's Restaurant in Morgantown on March 4.

THE WHEELING CLINIC

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WHEELING, WEST VIRGINIA

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C. D. Hershey, M. D.
E. C. Voss, M. D.

Eye, Ear, Nose and Throat:
A. J. Berlow, M. D.

Ophthalmology:
Robert A. Dye, M. D.
R. S. Perry, M. D.

Orthopedic Surgery:
C. B. Buffington, M. D.
G. B. Krivchenia, M. D.

Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibald, M. D.
Robert T. Brandfass, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.
Frank M. Hudson, M. D.

Internal Medicine:
Charles H. Hiles, M. D.
Albert M. Valentine, M. D.
James A. Jacob, Jr., M. D.

Psychiatry and Neurology
Albert L. Wanner, M. D.
Stephen D. Ward, M. D.
David H. Smith, M. D.

Roentgenology:
William K. Kalbfleisch, M. D.

Clinical Laboratories:
Nancy Fandriest, M. T.

Technologists:
Electrocardiography:
Patricia Pastar, R. N.
Electroencephalography:
JoAnn Hastings
Roentgenology:
Evelyn Forester, R. T.

Business Managers
John H. Clark
Lester L. Cline

Accordion music and songs by Danny Beres added to the atmosphere for an Italian Dinner. Hostesses for the dinner were Mrs. Harold I. Amory, Chairman, and Mesdames George A. Curry, Lawrance S. Miller, Benjamin M. Stout, Jr., and N. W. Fugo.

Mrs. Harold G. Young, the president, presided at the business meeting.—Mrs. Walter H. Moran, Jr., Corresponding Secretary.

* * * *

OHIO

Miss Mary E. Roberts of Wheeling was the guest speaker at the regular monthly meeting of the Woman's Auxiliary to the Ohio County Medical Society which was held at the Fort Henry Club in Wheeling on February 26.

Miss Roberts, administrator and psychiatric social worker at the Wheeling Guidance Center, discussed the work carried on at the center and also the Ohio County Mental Health Association.

Hostesses for the meeting were Mrs. James D. Bird, Chairman, and Mesdames Albert L. Wanner, C. B. Buffington, Charles D. Hershey, Daniel W. Dickinson, Robert S. Robbins and L. P. Hudnall.

* * * *

PARKERSBURG ACADEMY

Mrs. Lawrence R. Leeson presided at a Valentine luncheon meeting of the Woman's Auxiliary to the Parkersburg Academy of Medicine which was held at the Chancellor Hotel in Parkersburg on February 12.

Hostesses for the meeting were Mesdames Walter R. Kolheim, Oliver H. Brundage, Charles F. Whitaker, Jr., F. Lloyd Blair and Charles L. Goodhand.

Drs. Charles F. Whitaker, Jr., and Robert D. Crooks were the guest speakers. They outlined in detail the Sabin oral polio vaccine program which is being sponsored in Wood and adjacent counties by the Parkersburg Academy of Medicine.—Mrs. Ira Connolly, Jr., Press and Publicity.

* * * *

POTOMAC VALLEY

Dr. and Mrs. Vernon L. Dyer of Petersburg were honored by the Woman's Auxiliary to the Potomac Valley Medical Society at the regular monthly meeting which was held at the Hermitage Hotel in Petersburg on March 3.

Both Dr. Dyer, who recently completed his forty-fourth year of practice, and Mrs. Dyer were honored for their many contributions to the civic, professional and spiritual life in Petersburg. Mrs. Dyer is immediate past president of the Woman's Auxiliary to the State Medical Association.

Mrs. Lysle T. Veach of Petersburg, the president, served as chairman of arrangements for the dinner meeting.

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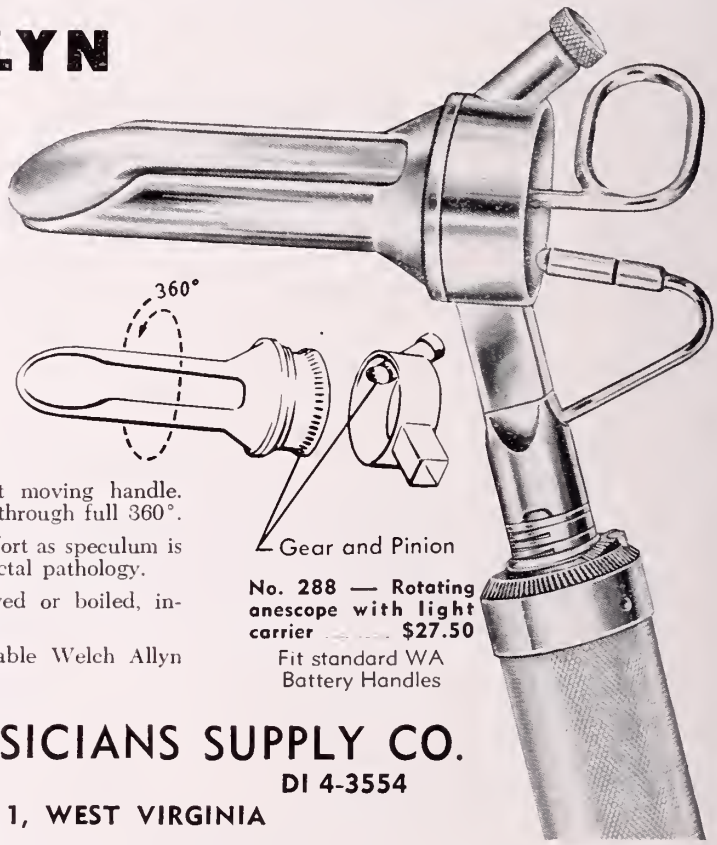

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Book Reviews

CURRENT DIAGNOSIS AND TREATMENT.—By Henry Brainerd, M. D., Sheldon Margen, M. D., Milton J. Chatton, M. D., et al. Pp 843. Lange Medical Publications, Los Altos, California. 1963. Price $9.50.

This is a reference book of medicine, not a textbook. It has 28 chapters, each dealing with a different group of system of disorders. The chapters are edited by many authorities in the fields that are covered. Each disease contains (1) the essentials of diagnosis, (2) general considerations, (3) clinical findings, (4) differential diagnosis, (5) complications, (6) treatment, and (7) prognosis.

Each disease is discussed in such a comprehensive manner that it makes it very easy to refer for review to any particular disorder. The choice of treatment of disorders covered is conservative but certainly the modern and the newer drugs are considered with definite discussions about the indication and contraindications of their uses.

The chapter, "The Heart and Great Vessels," by Maurice Sokolow and Henry Brainerd is exceptionally well developed. The particular section that discusses the disturbances of rate and rhythm is concise and the treatment is excellently managed. The portion of this book that deals with congestive heart failure could well be read by anyone interested in medicine.

After reviewing this book thoroughly one does receive the impression that it would be an excellent addition to any practicing physician's library. It can be recommended without hesitation, not only to general practitioners, but to students of medicine, to teachers and to specialists. It can be understood why this book received such wide acceptance by the medical profession.—I. E. Buff, M. D.

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W. B. Saunders Company features the following recent books in their full-page advertisement appearing on page vii in this issue:

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TEXTBOOK OF ENDOCRINOLOGY—Edited By Robert H. Williams, M. D., Chief, Endocrinology and Metabolism Division, and Physician-in-Chief, University Hospital, University of Washington Medical School, Seattle; with contributions by twenty-one authorities. Pp. 1204, with illustrations. Philadelphia and London: W. B. Saunders Company. 1962. Third Edition. Price $21.00.

This book is well written in terms the average physician can understand. It illustrates that the author is human in that he cannot be an authority on all subjects in endocrinology and has called upon 21 authorities to contribute to this textbook. There is adequate bibliography to look up the details should one have the desire or need to do so.

This book should be available for use by all general practitioners and internists as well as other subspecialties in medicine and surgery.—A. B. Curry Ellison, M. D.

* * * *

PERIPHERAL VASCULAR DISEASES—By Edgar V. Allen, M. D., Nelson W. Barker, M. D. and Edgar A. Hines, Jr., M. D. With the assistance of Drs. John A. Spittell, Jr., John F. Fairbairn and John L. Juergens. Pp. 1044, with 367 illustrations, 7 of which are in color. W. B. Saunders Company: Philadelphia and London. Third Edition. 1962. Price $18.00.

A masterpiece of information on a neglected subject. This edition is up to date and should be read by all physicians whether they are interested in medicine or surgery.

We certainly hope that someone will continue to revise this classic in medicine. It is unfortunate that tragedy and illness should strike part of the authors so soon in life.—A. B. Curry Ellison, M. D.

* * * *

FUNDAMENTALS OF VOLUNTARY HEALTH CARE—Edited by George F. De Husgar. Published by Caxton Printers, Ltd., Caldwell, Idaho.

This book of 450 pages is divided into two parts. Part I is the moral, biological and economic framework and Part II is concerned with the basic issues of voluntary versus compulsory health care.

This is a source book devoted exclusively to nongovernmental means to achieve satisfactory health care for the American people.

The articles by 30 authors have been published in various journals and selected by the editor as representative of some phase of voluntary health care. They indicate fearfully the lengthening shadow of governmental domination and hopefully the procedures of voluntary developments which have been learned to have superior advantages over bureaucratic control.

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Books Received

PREVENTIVE PEDIATRICS—By Paul A. Harper, M. D., professor of Maternal and Child Health, The Johns Hopkins University School of Hygiene and Public Health, and Associate Professor of Pediatrics, The Johns Hopkins University School of Medicine, Baltimore, Maryland. Pp. 798, with numerous illustrations. Appleton-Century-Crofts, 34 West 33rd Street, New York 1, N. Y. 1962.

* * * *

SURGICAL PRACTICE OF THE LAHEY CLINIC—By Members of the Staff of the Lahey Clinic, Boston. Pp. 872, with numerous illustrations. W. B. Saunders Company: Philadelphia and London. 1962. Price $17.00.

* * * *

MOVING INTO MANHOOD—By W. W. Bauer, M. D., Director of Health Education, Emeritus, American Medical Association. Foreword by Morris Fishbein, M. D. Pp. 107. Doubleday and Company, 575 Madison Avenue, New York, New York. 1963. Price $2.95.

* * * *

CIBA FOUNDATION SYMPOSIUM ON TRANSPLANTATION—Edited by G. E. W. Wolstenholme, O. B. E., M. A., M. B., M. R. C. P., and Margaret P. Cameron, M. A. Pp. 426, with 71 illustrations. Little, Brown and Company, Boston, Massachusetts. 1962. Price $12.00.

* * * *

DOCTOR AND PATIENT AND THE LAW—By C. Joseph Stetler and Alan R. Moritz. Pp. 529. The C. V. Mosby Company, St. Louis, Missouri. Fourth Edition. 1962. Price $14.75.

* * * *

CORRELATIVE NEUROANATOMY AND FUNCTIONAL NEUROLOGY—By Drs. Joseph G. Chusid and Joseph J. McDonald. Pp. 384, with numerous illustrations. Lange Medical Publications, Los Altos, California. Eleventh Edition. 1962. Price $5.50.

* * * *

HANDBOOK OF PSYCHIATRIC TREATMENT IN MEDICAL PRACTICE—By Nathan S. Kline, M. D., and Heinz Lehmann, M. D. Pp. 124. W. B. Saunders Company: Philadelphia and London. 1962. Price $3.50.

* * * *

RESISTANCE OF BACTERIA TO THE PENICILLINS—Edited by A. V. S. de Reuck, M. Sc., D. I. C., A. R. C. S., and Margaret P. Cameron, M. A. (Ciba Foundation Study Group No. 13). Pp. 125, with 14 illustrations. Little, Brown and Company, Boston, Massachusetts. 1962. Price $2.95.

* * * *

THORACIC AND CARDIOVASCULAR SURGERY WITH RELATED PATHOLOGY—By Gustaf E. Lindskog, M. D., William H. Carmalt, Professor of Surgery, Yale University School of Medicine; Averill A. Liebow, M. D., John Slade Ely Professor of Pathology, Yale University School of Medicine; and William W. L. Glenn, M. D., Professor of Surgery, Yale University School of Medicine. Pp. 1024, with numerous illustrations. Appleton-Century-Crofts, 34 West 33rd Street, New York 1, N. Y. 1962. Price $18.00.

* * * *

CURRENT THERAPY 1963—Latest Approved Methods of Treatment for the Practicing Physician. Edited by Howard F. Conn, M. D. Pp. 775. W. B. Saunders Company: Philadelphia and London. 1963. Price $12.50.

* * * *

THE EXOCRINE PANCREAS: NORMAL AND ABNORMAL (Ciba Foundation Symposium)—By A. V. S. de Reuck, M. Sc., D. I. C., A. R. C. S., and Margaret P. Cameron, M. A. Pp. 390 with 91 illustrations. Little, Brown and Company, Boston, Massachusetts. 1962. Price $11.50.

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The West Virginia Medical Journal

May, 1963 Vol. 59, No. 5

Nonpenetrating Abdominal Trauma

James E. Boggs, M. D., and James P. Eaton, M. D.

The nonpenetrating abdominal injury remains a serious problem, not to mention its high mortality rate. Abdominal injuries in general are occurring more and more frequently, perhaps largely as a result of high speed in automobiles and of mechanization in industry. While from the professional standpoint little can be done to decrease the incidence, we can help lower the mortality rate of the nonpenetrating type of injury by repeated and meticulous examination of these patients so that surgical intervention, when indicated, can be made at the optimal time. That the mortality rate of the penetrating abdominal wound is lower than that of the nonpenetrating type is due to the fact that in the former instance the necessity of early, if not immediate, abdominal exploration is obvious.

Study of Cases

On reviewing the records of nonpenetrating abdominal injury at Charleston Memorial Hospital, it was apparent that the condition is diagnostically treacherous and that the accompanying high mortality rate can be attributed to delay in making the diagnosis. It likewise was apparent that all too often the gravity of this type of injury is underestimated. Prompted by these observations, the writers made a study of the nonpenetrating abdominal injury cases at Memorial Hospital for the seven-year period from 1952 to 1959. The study covered a series of 30 cases. Those in which the kidneys, the bladder and the reproductive organs were involved were not included. Of the number in which the diagnosis was confirmed either by abdominal exploration or at autopsy, the spleen was involved in 37 per cent, the gastrointestinal tract in 30 per cent, the liver in 17 per cent, the mesentery in 10 per cent and the pancreas in 0.7 per cent. Age range of the patients was from 2 years to 73 years. In 9 cases the patient was under 20 years of age. In 6 cases patients were female and in 24, male.

Submitted to the Publication Committee, October 6, 1962.

The Authors

- **James E. Boggs, M. D., Department of Surgery, Memorial Hospital, Charleston, W. Va.**
- **James P. Eaton, M. D., formerly Chief Resident in Surgery, Memorial Hospital, Charleston, W. Va.; now serving as Staff Physician, VA Hospital, Temple, Texas.**

Chronology of Causes

The automobile accident ranked first as the cause of abdominal trauma, while the bicycle accident ranked second and the mine accident third. Various other causes fell into the miscellaneous group.

Modifying the Mortality Rate

Failure to recognize the internal lesion early and the frequency with which associated injuries were present were the factors believed to be responsible for the alarming (20 per cent) mortality rate of the series. In other reviews on the subject it is illustrated clearly that the mortality rate climbs proportionately with the increase in delay of diagnosis and operative intervention.

In all cases, therefore, in which there is a history of direct or indirect abdominal trauma, the prime consideration is an awareness of the possibility of injury of the abdominal viscera. It so often happens that in the absence of external signs of injury the abdominal trauma is con-

sidered of little or no consequence and diagnosis of the internal injury is not considered, or it is delayed, until the patient is in shock or is moribund. Many times in these cases there are extensive injuries along with the abdominal lesion, with the result that there is a tendency, perhaps a natural one, to concentrate on the obvious external injuries, meanwhile overlooking the possibility of a more serious situation internally. The trauma patient, therefore, must be considered from the standpoint of the whole.

Clinical Categories

Clinically, cases of nonpenetrating abdominal trauma fall into three groups: (1) cases in which the necessity of early surgical intervention is obvious, (2) those in which the indications for early operation are not clear-cut but in which there is reason to suspect a severe intra-abdominal injury and (3) those in which the blunt trauma at first may seem of no significance but in which, after hours or days, signs of severe internal injury become manifest.

It is those cases in groups 2 and 3 particularly that call for diagnostic acumen, extremely careful and close observation, sound judgment and frequent and meticulous examination of the patient. It may be said here that in addition to delay in diagnosis in cases of rupture or tear of a viscus, the actual delay in occurrence of the rupture is in itself a cardinal factor in relation to causes of the high mortality rate that accompanies nonpenetrating abdominal trauma. In many instances, the patient who receives a mild or moderate injury does not appear ill until after several hours have passed. Most, if not all of us, are familiar with subcapsular rupture or laceration of the spleen in which several hours or days may be required to produce intraperitoneal hemorrhage. Other conditions that can delay or obscure the symptoms and signs of intra-abdominal injury are shock, intestinal spasm, plugging of the laceration by a clot or by omentum, and multiple concomitant injuries, particularly thoracic and head trauma.

Length of the interval between the time of injury and the onset of symptoms of peritonitis will depend largely on the magnitude and site of the injury. It has been reported that in as high as 60 per cent of cases, an injury resulting from blunt trauma presents as delayed perforation with associated peritonitis. In one case in our series, the patient was admitted to the Hospital approximately five hours after receiving an injury in the epigastric region. He was struck in the lower chest and upper abdomen by the steering wheel of his automobile when the latter hit a rock cliff. Approximately four and one-half hours later, there was an onset of epigastric pain. When first examined, there was minimal upper abdominal tenderness; otherwise, the examination was negative. It was not until approximately 18 hours after his admission that he was taken to surgery. Abdominal exploration disclosed an immense tear of the third portion of the duodenum, with associated chemical peritonitis. There was an approximate 23-hour interval between the time of the accident and the indicated surgery. This case clearly illustrates the minimal early signs that may appear following nonpenetrating abdominal trauma.

Management of the Nonpenetrating Injury

In these cases, an immediate and careful examination should be made in order that the diagnosis may be established and treatment started as soon as possible. While evaluation of the patient's condition is in process, measures should be taken to combat the shock, an adequate airway should be established, nasogastric suction instituted and an indwelling catheter inserted.

When the initial treatment is well under control, a carefully elicited history should be obtained, with particular reference to the type of trauma, site of blow, loss of consciousness, occurrence of nausea and vomiting and if so whether or not the vomitus contained blood, location and time of onset of pain following the accident. Needless to say, a complete medical history is essential, especially in the case of the elderly patient. There may be pre-existent disabling conditions such as cardiac, renal or hepatic disease, diabetes, or a cerebral disorder. The patient may be allergic to certain drugs, or there may be a history of excess use of drugs, or there may be a tendency to bleed.

Areas of ecchymosis, abrasions, lacerations, interstitial emphysema, fractures and limitation of motion should be looked for. For example, the presence of rib fracture or abrasions of the left lower chest wall should suggest the possibility of injury of the spleen, the stomach, or the diaphragm. Local tenderness, rigidity, muscle spasm and absence of or diminished peristalsis constitute evidence of rupture of a hollow viscus with associated chemical peritonitis, or laceration of a solid organ, with intraperitoneal hemorrhage. These observations in the presence of persistent pain are distinct indications for surgical intervention. Should the initial examination disclose no immediate evidence of internal injury, reexamination by the same examiner at 20 to 30-minute intervals should be continued until a decision either in favor of or against operation is reached.

Laboratory Signs

The hemoglobin and hematocrit are not dependable as indexes of blood loss because of hemoconcentration. There must be adequate hydration of several hours' standing before hemodilution occurs. A sudden drop in the hemoglobin and hematocrit, however, is indicative of progressive hemorrhage. Of greatest help at these times is the white blood count, which elevates rapidly in most instances of intraperitoneal hemorrhage or chemical peritonitis. If trauma involves the pancreas, the serum amylase level may be elevated. Hematuria—gross and microscopic—is evidence of urinary tract injury.

Roentgenologic Signs

X-ray examination, with a flat plate and an upright or lateral decubitus of the abdomen, may help pinpoint the diagnosis and supply pictorial evidence that may be the deciding positive factor regarding the indications for surgery. On the other hand, if the patient is in shock and there is evidence of intraperitoneal hemorrhage, x-ray studies will serve as little more than a waste of precious time. Shock as a rule develops as the result of hemorrhage, either internal or external; it seldom is due to a head injury. The x-ray evidence of free air in the diaphragm is pathognomonic of perforation of a hollow viscus. This is particularly true with reference to perforation of the stomach or colon. Absence of free air in the diaphragm, however, does not exclude the possibility of perforation of the small intestine. In 33 per cent, more or less, of the latter cases, there will be free air under the diaphragm. In examining the films, free air should be looked for also around the kidney and along the right psoas muscle, or in the guise of retroperitoneal emphysema. Any one or all three of these situations will prove indicative of rupture of the retroperitoneal portion of the duodenum.

Displacement or indentation of the greater curvature of the stomach is observed in rupture of the spleen. Retroperitoneal hematoma or bleeding into the sac of the lesser omentum will cause downward displacement of the transverse colon.

In multiple injury cases, additional x-rays should be made, especially of the skull, chest, pelvis and spine. Fracture of a vertebra often will cause abdominal distention and absence of peristalsis, but not the rigidity, tenderness and progressive increase in the white blood count as noted in intra-abdominal injury. A cystogram and a pyelogram should be made, if indicated.

Abdominal Paracentesis

If an intra-abdominal injury still is strongly suspected after completion of the other studies, abdominal paracentesis may be done. A thoracentesis needle is introduced into the abdominal quadrant that is thought to be involved, and a small polyethylene tube is inserted through the needle in different directions. If blood is obtained, the abdomen should be explored to determine the source of the blood. A negative tap, however, does not exclude the possibility of an intraperitoneal injury. In one of the cases reviewed, in which intra-abdominal bleeding was suspected, abdominal paracentesis using a #20 spinal needle was unrevealing. A repeat tap, using a #18 spinal needle, revealed intra-abdominal hemorrhage which on exploration was found to be secondary to tear of a branch of the middle colic artery. Therefore, if there is evidence or even strong suspicion of internal bleeding or leaking of a hollow viscus, immediate abdominal exploration is in order since delay favors deterioration and, in many instances, death.

Emphasis on Certain Points in Exploratory Technique

In abdominal exploration a paramedian incision which can be extended superiorly or inferiorly is the incision of choice because it provides easy access to all abdominal quadrants. Multiple injury cases demand a complete abdominal exploration, with evaluation of each organ or structure. Minute and careful inspection of the small intestine at its points of fixation, namely, the duodenum and jejunum near the ligament of Treitz and the ileum near the ileocecal valve, is essential.

Bile stain of the retroperitoneal tissue, retroperitoneal emphysema, or fatty necrosis is indicative of injury of the retroperitoneal portion of the duodenum. If any one of these three signs is observed, the second portion of the duodenum should be mobilized after the well known method of Kocher.

Factors Related to a Modified Mortality Rate

In the series of 30 cases of nonpenetrating abdominal trauma studied by the writers, there were six deaths. Of this number, four could be classed as inevitable because of the severity of the injuries in these cases. The other two, however, apparently occurred as the result of late or delayed diagnosis.

An improved or reduced mortality rate for nonpenetrating abdominal injury will depend on early hospitalization, rapid correction of shock, early exploration, precise evaluation of the status of all abdominal organs or structures in multiple injury cases, exhaustive treatment of chest injuries to prevent obstruction of air passages and, in cases of mild abdominal trauma, a period of close observation to avoid delay in diagnosis of a possible slowly developing complication.

Generalized Herpes Zoster

(With Case Report and Review of the Literature)

John H. Gile, M. D.

It long has been realized that herpes zoster and chickenpox are closely related diseases. The idea that the two were different manifestations of the same etiologic agents was first introduced by Bokay,[1] in 1893. Close relation between zoster and varicella has been suggested by many observers in the past on the basis of epidemiologic evidence, i. e., persons contracting herpes zoster from contact with varicella patients and occasionally vice versa. Netter,[1] in 1921, collected 15 cases from the literature in which zoster followed exposure to varicella and 87 in which varicella followed exposure to herpes zoster. There are scattered reports of the simultaneous occurrence of herpes zoster and varicella in the same patient, the exact incidence of which is hard to determine. From all indications, however, such occurrences must be rather uncommon. From a study of the literature, I think it is more proper to think of a generalized herpes zoster than a simultaneous occurrence of the two diseases.

Ferriman,[2] in 1939, reported the case of a 58-year-old man under treatment for osteoarthritis of the hip in which herpes zoster of the groin developed, followed two days later by generalized varicelliform eruption. Almeyda,[3] in 1942, reported 3 cases of herpes zoster in which varicelliform eruption developed within five days. McGregor,[4] in 1957, published his observations in 81 consecutive cases of herpes zoster and 147 cases of varicella. Of the total number, there was only one case in which the two types of eruption occurred simultaneously.

Seiler,[1] in his study of 246 cases of herpes zoster in and about Edinburgh, found generalized lesions in 7, or 3.8 per cent. Opinion as to the incidence reported differs among other British observers. Taylor,[5] in 1945, stated, "Very often isolated vesicles quite indistinguishable from those of chickenpox will be found in different parts of the body in patients suffering from herpes zoster." Taylor-Robinson[6] rather recently observed that "two to five per cent of zoster patients develop a generalized rash, sometimes profuse enough to be typical of chickenpox." The variation in incidence of the simultaneous occurrence of the two diseases probably is related to variation in the closeness of observation. A few isolated varicelliform lesions could be overlooked easily unless the clinician was particularly looking for the phenomenon.

Submitted to the Publication Committee, September 7, 1962.

The Author

- **John H. Gile, M. D., St. Joseph's Hospital, Parkersburg, W. Va.**

Affinity for Leukemia Patients

Generalized herpes zoster apparently is more common in patients with chronic lymphatic leukemia. This has been reported by Rodnan and Rake,[7] also by Moscovitz.[8] The latter reported a case of chronic lymphatic leukemia in which the patient was on cortisone and was quite ill. Many of those in contact with this patient contracted chickenpox.

Figure 1. Herpes zoster ophthalmicus with edema of eyelids.

The case reported in this paper exemplifies generalized herpes zoster uncomplicated by any other disease.

Case Report

Mr. L. C., an 88-year-old retired laborer, was admitted to St. Joseph's Hospital September 22, 1960, with the complaint of swelling and pain of the right forehead and eye.

The patient's illness began two weeks before admission, with a few blisters around the outer angle of the right eye, spreading in a few days to the forehead, with swelling and pain of the right eyelids. There had been considerable discharge from the eye, and the swelling completely obstructed vision. The pain in the area had been mild and confined to the eye. The patient was not aware of any other lesions on his body and denied any other symptoms. He stated that he felt quite well otherwise and that he never had been ill before in his life. He claimed that he had not been in contact with any person with a disease or a skin rash.

Physical Examination.—The patient was elderly, mentally clear, cooperative and in no obvious distress. Nutrition was good. Blood pressure 128/70. Pulse rate 86.

There was an erythematous, vesicular and encrusted eruption involving the right side of the forehead, right eyelids, right side of the bridge of the nose and the right side of the scalp extending backward two-thirds of the way to the occiput. There were marked edema and inflammation of the conjunctiva (Figure 1). In addition, scattered over the anterior and posterior trunk were macules approximately 3 mm. in diameter, on each of which was superimposed a small vesicle or pustule (Figures 2 and 3).

The heart was slightly enlarged to the left, with a grade 3 sea gull type systolic murmur over the apex. There was 3-plus enlargement of the prostate.

The remainder of the physical examination was normal.

Laboratory.—The blood count was not remarkable with the possible exception of 6,550 WBC.

Urinalysis: Color, yellow. Specific gravity, 1.014. Reaction, acid. Albumin, 100 mg. Sugar and bile, negative. Microscopically, there were 12 to 15 WBC, with an occasional hyaline cast.

BUN, 21 mg. per cent. Fasting blood sugar, 92 mg. per cent.

Blood serology (VDRL), negative.

On culture of a specimen of the discharge from the right eye, there was a growth of Staphylococcus aureus which was sensitive to a wide variety of antibiotics.

X-Ray of Chest.—There was rather extensive emphysema but no sign of recent pathology such as infection, congestion, tumor or fluid. There was moderate tortuosity of the aorta.

Electrocardiogram.—Rate 68, with normal sinus rhythm. P-R interval—0.18. QRS interval—0.08. There was rather marked left axis deviation, with a completely horizontal electrical position. There was an iso-electric T in lead 1 and a sagging ST and biphasic T wave in V6. Otherwise, the curves were normal.

Treatment

The patient was given protamide 1 ampule intramuscularly daily, vitamin B_1 complex 1 cc. intramuscularly daily and sulfisoxazole grains 1 four times a day for his urinary infection. At the time of his discharge, 1 week later, he was free of pain and felt well. The scattered vesicular skin lesions had cleared and the inflammation of the right eyelids had subsided. He was discharged in good condition.

Figure 2

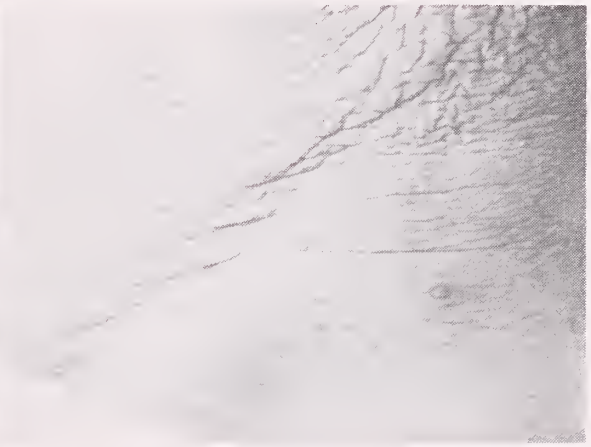

Figure 3

Figure 2. Generalized herpetic lesions of the trunk. (Figure 3) Close-up of lesions of the left groin showing an area of erythema on which a vesicle is superimposed.

A verbal report from his daughter two weeks following discharge indicated that he was doing well and had had no further trouble. Neither herpes zoster nor varicella developed in any other member of the family.

Comment

For the most part, cases of generalized herpes zoster reported in the literature are those involving the ophthalmic branch of the trigeminal nerve, as in the present case. Usually there is an earlier onset of the varicella rash than was true of the present case, occurring, as a rule, two to five days after onset of herpes zoster.

Discussion

In recent years, there has appeared convincing evidence that herpes zoster and varicella are caused by identical viruses.[1,9,10] Cross immunity between the viruses isolated from the two diseases has been demonstrated by complement fixation tests.[9] Convalescent serums from the two diseases have been shown to inhibit the cytopathogenicity of viruses isolated from the separate diseases.[9] The virus has been isolated from cases of herpes zoster and varicella and grown in tissue culture. No points of differentiation were discernible on morphologic grounds.[9] The viruses also are identical under the electron microscope.[10] Serologic tests utilizing fluorescein-tagged antibodies have failed to differentiate the two diseases.[10] I do not believe, therefore, that there is any doubt but that herpes zoster and varicella are caused by the same virus. The difference between the two diseases is one of host reaction. The most commonly expressed theory is that the first contact with the virus causes varicella, hence, the high incidence of this disease in children and its low incidence in adults. On re-exposure to the virus, an altered host response results in herpes zoster, which is rare in children but not rare in adults. This is somewhat analogous to childhood and secondary tuberculosis.

Taylor-Robinson[6] makes the observation that there usually is a previous history of chickenpox in zoster patients; also, that there is an earlier and greater rise of antibodies in serum of zoster patients than in that of patients with chickenpox. He believes this to be consistent with the view that zoster represents a second clinical infection with the virus, also that zoster possibly is due to activation of latent chickenpox virus.

The reason for the development of generalized lesions in zoster cases is obscure. Moscovitz[8] believes that it results from an infection with a strain of zoster virus possessing marked dermotrophic properties. Wesselhoeft[1] theorized that the zoster virus in the course of activity in the vesicle may escape into the blood stream and give rise to isolated generalized vesicles. To me, however, it seems logical to assume that the patient merely shows both a primary and a secondary type of response to the virus at the same time.

Summary

A case of herpes zoster ophthalmicus with generalized lesions of varicella developing one week later is reported. A review of the literature reveals a variable incidence of this phenomenon.

Evidence extracted from the literature to prove identical etiology for herpes zoster and varicella is presented. The difference between the two diseases is one of altered host reaction to the virus in patients with herpes zoster because of a previous attack of varicella.

References

1. Wesselhoeft, C.: Chickenpox and Herpes Zoster, Rhode Island M. J. 40:387-395 (July) 1957.
2. Ferriman, D. G.: Herpes Zoster and Varicella Simultaneously in the Same Patient, Lancet 235:930 (April 22) 1939.
3. Almeyda, J.: Simultaneous Occurrence of Herpes Zoster and Varicella With a Report of Three Cases, Postgrad. Med. 18:175 (Oct.) 1942.
4. McGregor, R. M.: Herpes Zoster, Chickenpox and Cancer in General Practice, Brit. M. J. 1:84 (Jan. 12) 1957.
5. Taylor, J.: Herpes Zoster and Chickenpox, Brit. M. J. 2:385 (Sept. 22) 1945.
6. Taylor-Robinson, D.: Herpes Zoster Occurring in a Patient With Chickenpox, Brit. M. J. 1:1713 (June 4) 1960.
7. Rodnan, G. P. & Rake, G.: Disseminated Herpes Zoster Complicating Chronic Lymphatic Leukemia, New England J. Med. 254:472-474 (March 8) 1956.
8. Moscovitz, H. L.: Generalized Herpes Zoster Initiating Minor Epidemic of Chickenpox, J. Mt. Sinai Hosp. 22:79-90 (July-August) 1955.
9. Weller, T. M. & Witten, H.: Etiologic Agents of Varicella and Herpes Zoster, J. Exper. Med. 108:843 (Dec. 1) 1958.
10. Blank, H.: Common Viral Diseases of the Skin, M. Clin. North America 43:1401-1418 (Sept.) 1959.
11. Wyburn, M. R.: Visceral Lesions in Herpes Zoster, Brit. M. J. 1:678-681 (March 23) 1957.
12. Fleming, J.: Herpes and Varicella: Simultaneously in the Same Patient, Glasgow M. J. 132:72, 1939.

Changes in Connective Tissue With Aging*

Kung-Ying Tang Kao, M. D., and Thomas H. McGavack, M. D.

All too frequently aging is looked upon as a passive, degenerative process. Its common association with changes in the transport systems of the body such as the blood vessels, nerves and connective tissue is emphasized by the old epigram, "You are as old as your arteries." To study the changes which eventually take place in any single tissue of the body is to dispel the passive concept of aging and to recognize the changes as active. Many of the diseases of aging persons such as various forms of arthritis, diabetes mellitus (particularly its complications), vascular and perivascular diseases, hypertension (some forms, at least), emphysema and fibromyositis and kindred ailments affect or are due to alterations in connective tissue or in its several functions.

1. The Largest Structure in the Body

Connective tissue occurs in varying amounts in all animal organs and tissues. If it were all brought together in a single mass, it would be by far the largest structure of the body. In consistency it varies from semifluid in "Wharton's jelly" to firm in structures such as skin, tendon and bone. It forms such widely spread and nonspecific structures as fascia and such highly specific organs as the cornea and the lens of the eye. Not only its size, but the added factor of its role as a transport system for all stimuli and nutrients to and from individual cells make it a substance of extreme importance to those interested in the biochemical and biomedical sciences. The above, however, are not the only features that prompted the study of this system in connection with aging. Probably no structure in the body changes more with aging than connective tissue. The changes vary in degree from one part of the body to another but seemingly are present universally.

2. Changes in the Components of Connective Tissue With Age

Connective tissue is made of cells (fibroblasts, lymphocytes, plasma cells and mast cells), fibers (collagen, elastin and reticulin) and ground substance (protein - mucopolysaccharide complexes, metabolites, water and tropocollagen.)

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The mucopolysaccharides include hyaluronic acid, chondroitin sulfuric acid A, B and C, heparin and keratosulfate. The changes that occur in connective tissue with increasing age are described below.

Collagen.—An increase in collagen content in the skin of the rat and that of the human being,[1-6] in the femur of the rat,[7] in the human lung,[8] in the muscle, heart and liver of the chick embryo,[9] in the aorta, uterus and tendon of the rat,[3-5] and in the intima of the coronary artery,[10] with advancing age is reported. The diameter of collagen fibrils increases as the animal ages.[11] The solubility of collagen,[3,4,12] and its susceptibility to the action of collagenase,[17] vary inversely with age, while the load required to prevent thermal contraction of rat tail tendon varies directly with age.[13] An increase in the temperature at which collagen shrinks in humans,[14] rabbits[15] and rats[16] has been observed to be a function of age. Among explanations of these changes in collagen with age, Bjorksten's [18] theory regarding irreversible cross-linkages between various nutrient moieties must be considered seriously. Bjorksten demonstrated *in vitro* the common development of nonutilitarian compounds through abnormal binding of protein, carbohydrate and fatty materials.

The metabolism of collagen is slow;[19-21] most collagen is synthesized at an early age.

Elastin.—Elastin deteriorates with increasing age and calcification occurs on and within the elastic fiber.[22] There results a decrease in the elasticity of blood vessels and lung.[23]

Ground Substance.—In general, the ground substance of the connective tissue of the rat decreased with increasing age.[1-5] Histologically, Gersh[24] reported diminution of ground substance in rat tail tendon, skin, thyroid gland and mouse

diaphragm as a function of time. Studies on the variation of carbohydrate-protein complexes with age still are in an early stage. Meyer[25] reported an increase of keratosulfate in human rib cartilage with increasing age, while Stidworthy et al.[26] reported a decrease of galactosamine and an increase of glucosamine in human rib cartilage with age. Noble et al.[27] found a decrease in glucosamine and an increase of galactosamine with increasing age in sponge connective tissue. Our[28] studies on the bone and cartilage of the rat revealed a decrease in the mucoprotein of the TCA supernatant of the base extracted fraction and an increase of a glycoprotein in rib cartilage of the rat with increasing age.

3. Mechanisms Concerned in the Aging Of Connective Tissue

Our major interest is in the mechanisms involved during aging. Since many factors can affect an *in vivo* experiment, we have designed *in vitro* methods for the study of collagen synthesis by sponge biopsy connective tissue of the rat [29] and by rat uterine slices.[30] Our preliminary experiments on a cell-free preparation of sponge biopsy connective tissue also have shown success in collagen synthesis.

We use these systems, by which connective tissue can be formed, to determine the influence of various substances such as simple chemicals, enzyme systems, hormones, vitamins and other cofactors on aging. In order to determine the rate of synthesis and turnover of connective tissue, we have used radioactively tagged pure amino acids, particularly in our study of collagen, the important fibrillar structure of such tissue. The ability to renew collagen decreases with age in practically all structures of the body; the function is maintained best in the uterus and least well in tendons. The long held belief that collagen synthesis must have as its precursor the formation of soluble collagen was partially supported by our experiments. It seems likely that the ground substance plays a more active, direct role in the formation of soluble collagen fibers than was previously thought.

4. Diseases of Connective Tissue and Age

Naturally our interest in connective tissue has stemmed from a desire to carry out preventive and reparative measures for diseases common in aging, such as emphysema, arthritis and vascular diseases, all of which are due to or associated with rather striking changes in connective tissue.

In diabetes mellitus the relation of the classical vascular complications to mucopolysaccharide metabolism has been partially verified. The exact aberrations in mucopolysaccharide metabolism, however, are not yet clear. For example, a role for heparin and for other chondroitin sulfate moieties in the complications of diabetes seems to have been established, but the manner in which these are concerned with the production of widespread alterations in blood vessel, kidney, lens of eye and the like is as yet unraveled.

In arthritis the role of the ground substance in the integrity of the joints and the part played by hyaluronic and chondroitin sulfuric acids are only partially understood. There usually is failure in the production of ground substance and an increase in fibrillar materials with loss of function. Every physician recognizes the field of usefulness of corticosteroids. While corticosteroids inhibit the further production of fibrous tissue, they simultaneously interfere with the renewal of ground substance and synovial fluid. All of us should be aware that a price is being paid for the improvement obtained. This does not mean that such drugs should be therapeutically barred; it does mean that they should be used cautiously.

Emphysema is a little-understood disease, crippling a goodly percentage of older men. The interalveolar fibrous tissue changes can be readily demonstrated histologically, but an understanding of the biochemical changes in such connective tissue is as yet somewhat evasive. Corticosteroids seem to act purely as anti-inflammatory agents. Our experimental studies have not been extended to emphysema at present.

Changes in atherosclerosis seem to grow in complexity as more and more experimental work is carried on to elaborate the changes taking place in this, the prime disease of the aging individual. No satisfactory remedial agents have been developed. No regimen of living has prevented the process. The biochemical techniques described above may throw light on the subject and lead us to agents useful for the physician at the bedside.

5. Conclusion

In studying the aging of connective tissue, it has been shown that the connective tissue of various parts of the body changes in different directions with aging and at different rates. The disclosure leads us to conclude that aging is not a passive but an active process. Aging involves biochemical as well as structural changes, some of which represent continuing adaptation of the organism to its environment. Abnormal variations in the metabolism of connective tissue with aging lead to a wide variety of diseases more commonly seen in the old than in the young, and only by studying connective tissue both in health and in disease can we arrive at satisfactory preventive and reparative measures for their control.

References

1. Sobel, H., Zutrauen, H. A. & Marmorston, J.: Collagen and Hexosamine Content of Skin of Normal and Experimentally Treated Rats, Arch. Biochem. & Biophys. 46:221-231, 1953.
2. Houck, J. C. & Jacob, R. A.: Effect of Age Upon Collagen and Hexosamine Content of Rat Skin, Proc. Soc. Exper. Biol. & Med. 97:604-606, 1958.
3. Kao, K. Y. T. & McGavack, T. H.: Connective Tissue I. Age and Sex Influence on Protein Composition of Rat Tissues, Proc. Soc. Exper. Biol. & Med. 101:153-157, 1959.
4. McGavack, T. H. & Kao, K. Y. T.: Influence of Age and Sex on the Soluble Collagen and Insoluble Collagen and Elastin of Rat Tissues, Exper. Med. & Surgery 18:104-123, 1960.
5. Kao, K. Y. T., Hilker, D. M. & McGavack, T. H.: Connective Tissue III. Collagen and Hexosamine Content of Tissues of Rat of Different Ages, Proc. Soc. Exper. Biol. & Med. 104:359-361, 1960.
6. Sobel, H., Gabay, S., Wright, E. T., Lichenstein, I. & Nelson, N. H.: Influence of Age Upon the Hexosamine-Collagen Ratio of Dermal Biopsies from Human, J. Gerontol. 13:128-131, 1958.
7. Sobel, H., Marmorston, J. & Moore, F. J.: Collagen and Hexosamine Content of Femurs of Rats, Proc. Soc. Exper. Biol. & Med. 87:346-349, 1954.
8. Briscoe, A. M., Loring, W. E. & McClement, J. H.: Changes in Human Lung Collagen and Lipids With Age, Proc. Soc. Exper. Biol. & Med. 102:71-74, 1959.
9. Herrmann, H. & Barry, S. R.: Accumulation of Collagen in Skeletal Muscle, Heart and Liver of Chick Embryo, Arch. Biochem. & Biophys. 55:526-533, 1955.
10. Moon, H. D. & Rinehart, J. F.: Histogenesis of Coronary Arteriosclerosis, Circulation 6:481-488, 1952.
11. Schwarz, W.: Connective Tissue. A Symposium. Edited by R. E. Tunbridge, Springfield, Illinois, Charles C. Thomas Company, 1957, pp. 144-156.
12. Hutterer, F., Rubin, E., Singer, E. J. & Popper, H.: Alkali-Soluble and Insoluble Collagen in Infant, Adult & Cirrhotic Livers, Proc. Soc. Exper. Biol. & Med. 102:534-536, 1959.
13. Verzar, F.: Ibid.[11]
14. Brown, P. C. & Consden, R.: Variation With Age of Shrinkage Temperature of Human Collagen, Nature, London 181:349-350, 1958.
15. Verzar, F. & Huber, K.: Thermic Construction of Single Tendon Fibres from Animals of Different Age After Treatment With Formaldehyde, Urethane Glycerol Acetic Acid and Other Substances, Gerontologia 2:81-108, 1958.
16. Bjorksten, J., Andrews, F., Bailey, J. & Frank, B.: Fundamentals of Aging. Immobilization of Proteins in Whole Body Radiated Rats, J. Am. Geriat. Soc. 8:37-47, 1960.
17. Kohn, R. R. & Rollerson, E.: Aging of Human Collagen in Relation to Susceptibility to the Action of Collagenase, J. Gerontol. 15:10-14, 1960.
18. Bjorksten, J.: Aging. Present Status of Our Chemical Knowledge, J. Am. Geriat. Soc. 10:125-139, 1962.
19. Harkness, R. D., Marko, A. M., Muir, H. M. & Neuberger, A.: Metabolism of Collagen and Other Proteins of Skin of Rabbits, Biochem. J. 56:558-569, 1954.
20. Neuberger, A., Perrone, J. C. & Slack, H. G. B.: Relative Metabolic Inertia of Tendon Collagen in the Rat, Biochem. J. 49:199-204, 1951.
21. Kao, K. Y. T., Hilker, D. M. & McGavack, T. H.: Connective Tissue V. Comparison of Synthesis and Turnover of Collagen and Elastin in Tissues of Rat at Several Ages, Proc. Soc. Exper. Biol. & Med. 106:335-338, 1961.
22. The Arterial Wall, edited by A. I. Lansing, Baltimore, The Williams & Wilkins Company, 1959, p. 145.
23. Bowen, B. D.: Relation of Age and Obesity to Vital Capacity, Arch. Int. Med. 31:579, 1923.
24. Gersh, I.: VA Prospectus Research in Aging, Washington, D. C., Government Printing Office, 1959, p. 5.
25. Meyer, K., Hoffman, P. & Linker, A.: Mucopolysaccharides of Costal Cartilage, Science 128:896, 1958.
26. Stidworthy, G., Masters, T. F. & Shetlar, M. R.: Effect of Aging on Mucopolysaccharides Composition of Human Costal Cartilage as Measured by Hexosamine and Uronic Acid Content, J. Gerontol. 13:10-13, 1958.
27. Nobel, N. L. & Boucek, R. J.: Relationship of Glucosamine and Galactosamine to Collagen Formation, Federation Bull. 17:399, 1958.
28. Kao, K. Y. T., Hitt, W. E., Dawson, R. L. & McGavack, T. H.: Connective Tissue VII. Change of Protein and Hexosamine in Bone and Cartilage of Rats of Different Ages, Proc. Soc. Exper. Biol. & Med. In Press.
29. Kao, K. Y. T. & Boucek, R. J.: Incorporation and Conversion of Lysine-2-C^{14} in Rat Biopsy Connective Tissue, Proc. Soc. Exper. Biol. & Med. 98:526-530, 1958.
30. Kao, K. Y. T., Lu, S. D. C., Hitt, W. & McGavack, T. H.: Connective Tissue VI. Synthesis of Collagen by Rat Uterine Slices, Proc. Soc. Exper. Biol. & Med. 109:4-7, 1962.

. . . variety is the spice of life, but it takes monotony to finance it.

ARNOLD GLASOW.

Can We Improve the Results of Radical Mastectomy?

Edward C. Voss, Jr., M. D.

CANCER of the breast is the most common malignant neoplasm affecting the American woman. Each year more than 50,000 new cases are recorded and, if current statistics prevail, in five of each hundred female children born this year, breast cancer eventually will develop.

Still, controversy rages over the choice of treatment in cancer of the breast. There is, as yet, no genuine agreement on the extent of surgery or the type of radiation, with or without surgery, that will produce the best results in the greatest number of patients. Most American surgeons continue to feel, however, that a well performed radical mastectomy, when distinctly indicated, is the optimal treatment. But since the results of such treatment are at best only fair, it has been suggested that no treatment is of real or lasting benefit. This belief in the so-called "biologic predeterminism" as the factor controlling the outcome in cases of cancer of the breast must be nullified, for in comparing five-year survival rates following radical mastectomy at various clinics, we find definite increases in the past few decades, in spite of the fact that the surgical technique today remains essentially the same as it was when described both by Halsted and Willy-Meyer, in 1889.

In line with these thoughts and since the controversy between ultraconservatism and the ultraradical approach still prevails and must be resolved by the individual surgeon, an analysis of the most recent five-year statistics following radical mastectomy at St. Francis Hospital, a 250 bed general hospital in La Crosse, Wisconsin, was made.

Analysis of so insignificant a number of cases is made merely to add the personal touch of a few well studied cases to serve as a background in presenting some old and some new adjuncts by which we can improve on these not too dismal statistics, still using the "conventional" radical mastectomy as the foundation of treatment. While it may seem sophomoric and perhaps unfair to those who object to radical mastectomy, I shall attempt also to re-emphasize some of the more basic concepts relating to early diagnosis, since treatment of the early case has been one of the common denominators for improvement in our results.

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Table 1. Five-Year Survival Following Radical Mastectomy

July 1951—June 1956
St. Francis Hospital
La Crosse, Wisconsin

	No.	*Per Cent*
Patients undergoing radical mastectomy	82	
Patients followed 5 years	76	93
Patients surviving 5 years	45	59
Patients dead within 5 years	31	41
Patients dead of cancer	26	34
Five-year survival—with nodes	17	42
—without nodes	28	78

It can be seen that these few statistics are good, as contrasted with more voluminous and significant data available, yet one is struck with the notion, while thumbing the charts, that there is a goodly number of persons to whom we could offer a better and longer period of survival.

Prognosis in the Young Female

The prognosis of breast cancer in a young woman has been a controversial subject for decades. An illuminating study was made by Treves, of Memorial Hospital, in 1958. He analyzed 549 cases of breast cancer in women under the age of 35. Clinical survival rates equalled those of older women; when axillary node involvement was present, however, the clinical cure rate was lower than that of older women, suggesting that the disease may be more lethal when regional metastases have occurred. In cases in which pregnancy occurred simultaneously with breast cancer, there was an extremely poor prognosis. A subsequent pregnancy, however, appeared to have little influence on prognosis. This has been re-affirmed in a study of 282 pregnancies associated with breast cancer over a 34-year period at Memorial Hospital.

I feel it interesting to preface my remarks by dwelling on cancer in the young, for our few cases at St. Francis bear this out and, in reality, should be the theme of this paper, for it is the pre-menopausal woman and especially the young one, with node involvement, who needs all the help we can give her.

Table 2. Patients Under 40 Years of Age

July 1951—June 1956
St. Francis Hospital
La Crosse, Wisconsin

Age	Involved Nodes	Postop. X-Ray	Recurrence	Survival	Death
39	7 of 9	Yes	40 months	64 months	Ca.
37	0 of 10	Yes	0	82 plus	Well
36	0 of 6	No	0	91 plus	Well
35	3 of 12	Yes	24 months	27 months	Ca.
31	2 of 3	Yes	7 months	21 months	Ca.
25	2 of 11	Yes	18 months	19 months	Ca.

Self-Examination of Breasts

Our cancer literature to the public emphasizes, among other things, the possibly grave significance of a breast tumor and urges women who discover one to consult a physician at once; little has been done, however, in the matter of educating women as to the proper manner of examining their own breasts, optimally every two to three months, post menses, both in the sitting and in the supine position. It is possible that from the point of view of greatest possible gain in early diagnosis, this point may be as important as teaching the examining technique to physicians, for in at least 95 per cent to 98 per cent of cases, the woman with breast carcinoma discovers the tumor herself.

'Routine' Physical Examination

With the somewhat increasing popularity of the "routine" physical examination, however, the responsibility again returns to the physician. Typical of this is the diagnostic yield which may be obtained through cancer detection centers such as the Yates Memorial Clinic Cancer Detection Center, in Detroit. In a five-year period, examining 17,111 females, 963 previously undiscovered breast masses were found, 76 of which proved to be malignant. Such are the results throughout the country.

Mammography

Soft tissue roentgenography of the breast is not new. Warren, in 1929, reported on 119 cases; until December, 1960, however, when Egan, of the M. D. Anderson Hospital, in Houston, reported on 1,000 x-ray examinations in 634 patients, there had been no satisfactory statistical analysis of consecutive mammograms in patients with adequate follow-up. Using this technique, three films were taken, two of the breast in two planes and one of the axilla. Considering only the malignant lesions, 2 of 240 lesions were missed and these were not projected on the film so as to be available for interpretation. Very significantly, malignant tumors were found in 19 breasts considered negative on clinical examination. Recently, a collective study utilizing a number of centers has been initiated in an attempt to reproduce these excellent results.

Just what are the indications of mammography? Certainly the presence of a questionable lesion is one. An inverted nipple or a nipple discharge is a solid indication. Patients with previous carcinoma of one breast or with a strong family history of cancer of the breast may benefit by frequent films. Should these be done routinely, as are physicals? I doubt it, for the yield is rather low in these instances, although this has been carried out at the Albert Einstein Medical Center since January, 1956, at six-month intervals.

Regardless of its somewhat indefinite status at this time, we have to accept the fact that mammography is once again receiving not inconsiderable attention and in the occasional case may prove of great assistance.

Improvement in Technique and in Judgment

Without doubt, one of the greater contributions to improvement in the biometry of breast cancer has been the improvement in the technical manipulations referred to as the radical mastectomy for, although changed but little in the past seventy years since the Halsted-Willy Meyer introduction, more adequate dissection now is being done at the local levels of medical care.

Of even more import than the actual mechanical amputation of the breast, however, is the improvement in surgical judgment which goes into the recommendation of such destructive therapy. This, of course, was popularized by the Haagenson-Stout credo of meticulous care in choosing the candidate for radical mastectomy, to eliminate the rather high percentage of women who might be benefited by a more efficient manner of therapy and palliation than radical breast amputation might offer. Haagenson has set forth a multitude of clinical "criteria of operability" as well as his so-called "triple biopsy," using internal mammary and axillary apex biopsies to rule out unnecessary radical mastectomy in clinically suspicious cases. This has been criticized in many circles as being too selective, yet one is struck by the impression that these fundamental doctrines apply to many of the patients treated at St. Francis Hospital and

that at least several patients should never have come to radical surgery, as judged from their preoperative picture and the rather poor postoperative survivals.

Wound Toilet

The average incidence of local recurrence following surgery for carcinoma of the breast varies between 10 per cent and 15 per cent, with recurrence increasing when axillary nodes are involved. In fact, the preliminary biopsy necessary to establish the diagnosis may be responsible for increased implantation, since Taylor and Wallace, at Massachusetts General Hospital, reported 15 per cent local recurrence when a preliminary biopsy was done, but only 7.5 per cent when the clinical diagnosis was obvious and biopsy not done.

In spite of meticulous care for detail, wound seeding still may occur and the only method which appears promising in further decreasing the incidence of seeding is wound irrigation with a "cancer-killing chemical." In choosing such an agent, the surgeon must consider the relative effectiveness of the agent as well as the systemic and local toxicity. The investigations of Cole et al. would suggest that of the multitude of drugs, mechlorethamine 2 mg. per cent and buffered sodium hypochlorite 0.5 per cent (modified Dakin's solution) are most effective when in contact with tissue for a minimum of four minutes prior to wound closure.

Intravascular Chemotherapy

As just mentioned, increased attention is being directed to the probability that cancer cell seeding at the time of surgery may be related to treatment failure. Originally championed by Cole, in 1954, who felt that "floating" cancer cells were much more vulnerable to destruction by chemicals before they acquired a vascular attachment, nitrogen mustard intravenously during and after surgery was the first drug so adopted.

In order to better evaluate such procedures, a national program to coordinate adjuvant cancer chemotherapy studies in the breast was established in 1956 (originally involving 24 institutions although future studies will involve fifty or more) under the auspices of the National Institute of Health, Cancer Chemotherapy National Service Center.

Probably the most significant adjunct to radical mastectomy and certainly the most statistically significant one, has been the use of the alkylating agent, triethylenethiophosphoramide (Thio-Tepa), to supplement surgery. This cooperative study now involves over 1,000 patients in a double blind study. Two dosage series are being studied, 0.8 mg./kilo and 0.6 mg./kilo. Patients have been followed up to 36 months in the high dosage series with a recurrence rate of 22 per cent for patients receiving adjuvant therapy as compared with 44 per cent for women treated with radical mastectomy alone. The spread was even more dramatic in pre-menopausal women, especially with the high dose. Complications such as hematomata, wound infection and flap necrosis occurred in 36 per cent of the high dose group and in 34 per cent of the low dose group and seem unrelated. Our personal experience indicates that perhaps the complications locally are somewhat increased with the use of triethylenethiophosphoramide (Thio-Tepa).

Results at the present time seem to justify adoption, with extreme caution, of the above mentioned therapy for use in the high dose schedule during surgery and the first two days postoperatively. We are dealing with a potent agent, it must be remembered, and marrow depression will occur, a potential hazard that must be recognized. The blood picture should be evaluated weekly for at least four weeks.

Future investigations will attempt to determine whether these results can be further improved by prophylactic castration or postoperative radiation when positive nodes are present. Other agents, including 5—fluorouracil, will be tested. In an attempt to enhance the effect of chemotherapeutic agents on localized tumor, a method of administration of the chemical via the arterial route has been developed by Bierman and his group, in California, using the internal mammary artery, the lateral thoracic artery or even the subclavian artery, with very limited impressions to date.

Prophylactic Castration

Prophylactic castration as an adjunct to radical mastectomy for the purpose of preventing or delaying metastases or recurrence is not new. Beatson, in 1896, first advocated therapeutic castration and, following some satisfaction with the procedure, its extension as a prophylactic attack was championed by Witherspoon and Dresser, in 1936. In contrast, however, to the acceptance of castration as a palliative procedure in the treatment of advanced cancer, the suppression of ovarian function, either by surgery or irradiation, as a prophylactic method has been a controversial problem.

More recent reports in the literature indicate that there may be sufficient justification for the advocation of prophylactic castration in all

women with carcinoma of the breast who are regularly menstruating. Treves, of Memorial Hospital, while somewhat more cautious, feels that the encouraging five-year survivals for surgically castrated patients with node involvement or subareolar location of tumor make the procedure worthy of trial in this group. His studies, incidentally, indicate that irradiation was considerably inferior to oophorectomy. It must be remembered that all these studies do not indicate that ovarian ablation results in cure in a majority of instances, but that in patients destined to have recurrence, it delays the recurrence and prolongs life significantly. The results in those women free of node involvement are much less dramatic. For the present, however, decision for castration must depend upon a careful clinical evaluation of the patient, including her religious convictions. Meanwhile, as statistics accumulate and become significant, the trend is certainly towards an optimistic impression concerning castration for all pre-menopausal women with breast cancer. Many observers, however, feel that this is an admission of defeat, that prolongation of life by such means has not yet been proven to be greater than that following therapeutic castration and, in addition, takes away the possible prediction as to the endocrine dependence of the tumor.

Problem of the Remaining Breast

Evidence accumulating in the literature would seem to indicate the practical as well as the theoretical value of prophylactic simple mastectomy in the remaining breast. Although such a surgical procedure would evoke strong emotional repercussions in many instances, it must be recognized that from a theoretical standpoint the same carcinogenic factors which induced malignant change in one breast may be expected to exert a similar influence on the remaining mammary tissue, and it is well established that the over-all incidence of independent cancer in the second breast is from 4 per cent to 5 per cent. This procedure would seem best reserved for the patient whose primary interest is in obtaining the greatest assurance of longtime survival. The high incidence of bilateral disease in our limited number of mastectomies at St. Francies Hospital is quite impressive and thought provoking.

Preoperative Radiation

The role of radiation is just as difficult to assess as the type of surgery. Radiation sometimes makes operation possible by reducing inflammatory reaction. Not much enthusiasm is reflected in the literature concerning this problem, but Tice had the opportunity to review 40 cases at the University of Kansas which were treated with preoperative radiation during the period 1936 to 1942 and which have been followed since. There was a 55 per cent five-year survival rate and a 17.5 per cent twenty-year survival rate. Tice was impressed with the pathology reports of "shrunken, atrophic or unrecognizable" tumor cells in the breast. Recent experience at the Anderson Memorial Cancer Hospital also has been reviewed, but seems inconclusive at this point.

Table 3. Patients With Bilateral Radical Mastectomy

July 1951—June 1956
St. Francis Hospital
La Crosse, Wisconsin

Age	#1 Radical	#2 Radical	Interval	Death
35	Medullary ca.	Duct cell ca.	24 mos.	Ca.—26 mos.
60	"Carcinoma"	Medullary ca.	7 mos.	Ca.—18 mos.
57	Scirrhous ca.	Duct cell ca.	96 mos.	Well—114 mos.
69	Scirrhous ca.	Medullary ca.	90 mos.	Well—96 mos.
48	"Carcinoma"	Scirrhous ca.	60 mos.	ASHD—108 mos.
40	Sarcoma phylloides cysticum	Comedo ca.	72 mos.	Ca.—85 mos.

Postoperative Radiation

There is no clear-cut indication that radiation applied postoperatively materially influences survival. This may be somewhat dogmatic and provocative, yet this is one broad field in which the clinician must use individual judgment, individualize the patients and perhaps fractionate the treatment. Interestingly enough, the postoperative use of radiation in the St. Francis Hospital series showed a steady decline with each passing year, perhaps corresponding with the advent of new staff surgeons and new ideas.

Table 4. Postoperative Radiation Following Radical Mastectomy

July 1951—June 1956
St. Francis Hospital
La Crosse, Wisconsin

Year	*Yes*	*No*
1951	9	4
1952	6	5
1953	11	6
1954	10	13
1955	3	7
1956	2	5
	—	—
Total	41	40

Summary

Today, there is an incessant need for newer and better methodology in the evaluation of what we accomplish in our treatment of cancer of the breast. The wounds are drenched in cancerocidal drugs; chemotherapeutic agents are given parenterally before, during and after surgery; irradiation therapy is implicated either as a prologue or postlude; ovariectomy or irradiation of the ovaries more often is being combined

with radical mastectomy to treat mammary cancer, especially among young women and all this is happening without there having been developed any but rather primitive methods of analysis of the results. Perhaps the collective studies over the coming years as typified in the Cooperative Breast Adjuvant Chemotherapy Group will supply us with more realistic answers and make a more rational person of the physician dealing with the commonest neoplasm of the American woman.

References

1. Anglem, T. S. & Gray, E. B., Jr.: Cancer of the Breast and Biological Pre-Determinism: A Re-Evaluation. Cancer 14:1122, 1961.
2. Arcari, F. A. & Wilson, G. S.: Breast Masses: Accuracy of Clinical Diagnosis, Gen. Practitioner 23:82, 1961.
3. Austin, R. C., Jr.: Carcinoma of the Breast Associated With Pregnancy and Lactation, Am. J. Obst. & Gynec. 15:287, 1960.
4. Brown, R. N.: Carcinoma of Breast Followed by Pregnancy, Surgery 48:862, 1960.
5. Byrd, B. F., Jr., Bayer, D. S., Robertson, J. C. & Stephenson, S. E.: Treatment of Breast Tumors Associated with Pregnancy and Lactation, Ann. Surg. 155:940, 1962.
6. Byron, R. L., Jr., Yonemoto, R. N., Hallauer, W. C. & Bierman, H. R.: Radical Mastectomy With Arterial Regional Chemotherapy, Surgery 49:681. 1961.
7. Cutler, M.: Dilemma of Prophylactic Postoperative Radiation in Mammary Cancer, Radiology 30:769, 1938.
8. Egan, R. L.: Experiences With Mammography in A Tumor Institute. Evaluation of 1,000 Studies, Radiology 75:894, 1960.
9. Gershon-Cohen, J., Hermel, M. B. & Bergen, S. M.: Detection of Breast Cancer by Periodic X-Ray Examination, J. A. M. A. 176:1114, 1961.
10. Haagensen, C. D.: Diseases of the Breast, Philadelphia, W. B. Saunders Company, 1956.
11. Haagensen, C. D. & Stout, A. P.: Carcinoma of Breast: Criteria of Operability, Ann. Surg. 118:859, 1943.
12. Harrington, S. W.: Fifteen-Year to Forty-Year Survival Rates Following Radical Mastectomy for Cancer of Breast, Ann. Surg. 137:843, 1953.
13. Holleb, A. I. & Farrow, J. H.: Relation of Carcinoma of Breast and Pregnancy in 283 Patients, Surg., Gynec. & Obst. 115:65, 1962.
14. Horsley, J. S., III & Horsley, G. W.: Twenty Years' Experience With Prophylactic Bilateral Oophorectomy in Treatment of Carcinoma of Breast, Ann. Surg. 155:935, 1962.
15. McDonald, G. O., Gines, S. M. & Cole, W. H.: Wound Irrigation in Cancer Surgery, Arch. Surg. 80:920, 1960.
16. MacDonald, I.: Predeterminism in Human Cancer, Surg., Gynec. & Obst. 42:443, 1951.
17. Moertel, C. G. & Soule, E. H.: Problem of the Second Breast. A Study of 118 Patients With Bilateral Carcinoma of Breast, Ann. Surg. 146:764, 1957.
18. Rosenberg, M. & Uhlman, E.: Prophylactic Castration in Carcinoma of Breast, Arch. Surg. 78:376, 1959.
19. Surgical Adjuvant Chemotherapy Breast Group: Breast Adjuvant Chemotherapy, Ann. Surg. 154: 629, 1961.
20. Tice, G. M.: Preoperative Radiation in Treatment of Breast Carcinoma, J. A. M. A. 174:1403, 1960.
21. Treves, N.: Evaluation of Prophylactic Castration in Treatment of Mammary Carcinoma. Analysis of 52 Patients, Cancer 10:393, 1957.
22. Treves, N. & Holleb, A. I.: Report of 549 Cases of Breast Cancer in Women 35 Years of Age or Younger, Surg., Gynec. & Obst. 107:271, 1958.
23. White, E. C., Fletcher, G. H. & Clark, R. L.: Surgical Experience With Preoperative Irradiation for Carcinoma of Breast, Ann. Surg. 155:948, 1962.

Kefauver Raises Drug Costs?

I spoke with Mr. Kefauver on a program not long ago at the Waldorf-Astoria in New York. I talked about the great accomplishments of medicine and pharmacy here in the United States. Everybody seemed to be quite pleased. Then Mr. Kefauver was called on as the second speaker, and he said: "I would not contradict any of the statements that the doctor has just made but the cost of drugs is too high." How did he know that the cost of drugs was too high? If he had known why the costs of drugs were as high as they are, he would not have passed the law that has just passed, which is going to make the cost of drugs much higher than they have ever been in the past. No one can make the kind of tests that are demanded by the new legislation without adding appreciably to the cost of the drugs.—Morris Fishbein, M. D.

96TH ANNUAL MEETING

of the

West Virginia State Medical Association

The Greenbrier

AUGUST 22-24, 1963

Plan to Attend — Make Your Reservation . . . Now !

The President's Page

We Must Oppose 'Fedicare'

THE creed of Dean Alfange is reproduced for all of us to read and reaffirm: "I do not choose to be a common man. It is my right to be uncommon—if I can. I do not wish to be a kept citizen, humbled and dulled by having the State look after me. I want to take the calculated risk; to dream and to build, to fail and to succeed. I refuse to barter incentive for a dole. I prefer the challenges of life to the guaranteed existence; the thrill of fulfillment to the stale calm of Utopia.

"I will not trade freedom for beneficence nor my dignity for a hand out. I will never cower before any master nor bend to any threat. It is my heritage to stand erect; proud and unafraid; to think and act for myself, enjoy the benefit of my creations and to face the world boldly and say, 'This I have done.'"

This is what it means to be an American. It also means we have a terribly important responsibility to protect the freedom of economic enterprise in medical care and in protecting, preserving and defending the Constitution of these United States along with the very liberties it provides for us.

This year we may well see the beginning of the end of America's high health care standards and the freedom of the medical profession—unless the physicians and other community leaders take the initiative *now* in developing articulate and voluble public opinion against the iniquities and extravagances proposed in the Federal scheme of high cost and low return.

The medical profession's voice is a small one and to be heard effectively in Congress it must be amplified with that of the public's widespread protest. With this in mind, your county societies within the month will help launch "Operation Hometown." This campaign is designed to reach every segment of the American public through every possible medium, to stimulate every voter to let his Congressman know that medicare is really "Fedicare"—a costly concoction of bureaucracy, bad medicine and an unbalanced budget.

These facts must be made known and this operation provides the tools and techniques for your county society to present them to your fellow citizens. We must remain alert and on guard and we must continue to build and expand public support for our position. We must increase that support solidly and steadily so that when the forces of Fedicare start their ballyhoo, we shall have an impenetrable fortress built against them.

We have no other alternative but to adopt this action, in fact we must. *All of us must* actively participate in this struggle against government encroachment and make it *a way of life* for all physicians.

L. J. Pace, M. D., President

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EDITORIALS

ONCE BURNED—TWICE CAUTIOUS

Representatives of the United Mine Workers of America were a principal driving force behind recent efforts to pass a pre-paid medical care bill in West Virginia. The *U. S. News and World Report*, in its edition of March 25, 1963, points out some interesting facts about previous UMW ventures into the medical field.

According to the article, most union pension plans are operated on an actuarial basis with trust funds large enough to finance the promised benefits for the lifetime of the retired workers involved. The UMW Welfare and Retirement Fund, however, was set up on a pay-as-you-go basis without accumulating large reserves.

Because of this omission, the article cites the following results:

1. Medical benefits to miners and their families have been sharply curtailed.
2. An estimated 7,000 widows have not received the $500 death benefits when their miner husbands died.
3. UMW hospitals are in deep financial difficulties —four must be sold by July 1, 1963.
4. The $100 per month pensions of hard coal miners have been cut to $30.
5. The $100 per month pensions of soft coal miners have been cut to $75.

These events prompted the hard coal miners to file suit, on March 11, against their own union!

The same union organization had the temerity to urge West Virginia citizens to accept another financially unsound scheme for pre-paid health care programs during the 1963 session of the State Legislature. Proponents insisted upon passage of a bill that would allow pre-paid medical plans which would not require maintenance of reserves on an actuarial basis or which would operate under insurance laws of the State.

On direct questioning at a legislative hearing on this matter, one of the principal sponsors of the bill, Senator William A. Moreland, commented that membership in such plans would be voluntary and, if funds on hand were insufficient to provide expected benefits, the consumer would be free to drop out. What, then, does the victimized miner or other subscriber to such a plan get for his investment after, for example, several years of paying premiums?

The miners and other citizens of West Virginia should have, by now, learned a lesson in regard to financially unsound programs supported by the UMW or any other group. Pre-paid medical care programs, group practice or otherwise, should be permitted by law only if the subscriber is protected by the insurance laws.—*Guest Editorial by Stephen D. Ward, M. D., and Joseph L. Curry, M. D., Members of the Legislative Committee.*

THE STUDY OF MEDICINE

The past few years medical educators have become more and more concerned about the fact that there is a noticeable decrease in the number of first class students applying to medical schools. This matter is of moment to every thinking person. Recently a provocative article, "Should I Study Medicine?", by Edward D. Churchill, M. D., John Homans Professor of Surgery, Emeritus, of the Harvard Medical School, appeared in the *New England Journal of Medicine* (March 7, 1963). His essay deals with the apparent lack of interest among talented college students, in some areas at least, to pursue the study of medicine. He calls attention to a study conducted in Maine by the Bingham Associates Fund in 1959. A decreasing interest in medicine among the students of several colleges in the state of Maine caused grave concern. In 1959 only 16 students from the entire state entered medical schools. When one considers that the present population of Maine is nearly a million it does give one pause to think.

An attempt was made to ascertain the cause for the lack of interest in medicine. The study identified two reasons as basic: "a lack of proper information on the subject of a medical career; and an abundance of misinformation." Doctor Churchill points out that these two basic reasons bring the problem down to the level of the individual doctor, and he emphasizes that the talented youth of the nation deserve the proper information (and a minimum of misinformation) from the doctor.

He appreciates that this is not always an easy task, for youth today prides itself on the rational approach to a problem. Alert young men ask questions about the medical profession, such as: What is the role of the American Medical Association? When is medicine going to be brought under governmental control? Why do doctors tolerate unnecessary surgery? Why do they cover up mistakes of their colleagues?

Some of these are indeed difficult to answer, but they cannot all be brushed aside. If the doctor makes no attempt to answer them, less qualified persons will not hesitate to do so, and the chances are that more misinformation will be disseminated. It does seem that of all people the doctor should be able to offer the most satisfactory answers.

Doctor Churchill waxes eloquently and righteously about the phrase, "tarnished image of the doctor." He declares that he is proud of his profession and proud that he is a surgeon. He quotes a passage from Rudyard Kipling's, "A Doctor's Work," and observes that a small group of senior students to whom he read the passage had never heard of it before. It reads as follows:

> *Every sane human being is agreed that this long drawn fight for time that we call life is one of the most important things in the world. It follows, therefore, that you, who control and oversee this fight, and who will reinforce it must be amongst the most important people in the world.*

This passage deserves wider homage than it has received, and we are grateful to Doctor Churchill for again calling it to our attention. Human nature is so constituted that most people feel that their work is of distinct importance. Rudyard Kipling's beautifully phrased sentences surely ring out as a challenge to all medical students, and for that matter doctors too.

Doctor Churchill's essay can be read and reread with profit by all who are interested in medical education and in medical practice. There is no doubt but that doctors can play an important role in guiding desirable students toward medicine. They can, with complete intellectual honesty, assure the student that the amount of good a doctor can do is immeasurable.

Doctor Churchill ends his essay on a high note:

> *And so to the young man who is pondering "Should I study medicine?" I say, seek information and above all, beware of misinformation. Doctors are still "among the most important people in the world". Every bit of evidence points toward increasing importance of the responsibilities that they must assume in the future. Mankind needs the wisdom of talented young men in medicine as never before.*

TUITIONS IN MEDICAL SCHOOLS

Recently a memorandum was sent out from the headquarters of The Association of American Medical Colleges concerning tuitions in medical schools in the United States. The report calls attention to the fact that since tuition fees make up a substantial fraction of the cost of medical education it is of interest to study the increase of tuition throughout the years.

Figures projected for tuitions are given for the years 1933-34, 1943-44, 1953-54, and 1963-64; thus three decades are covered. The schools are listed as "Private Schools" and "Public Schools." In the latter group tuition fees are given for both resident and non-resident students.

It is noteworthy that the average tuition in the "Public Schools" (West Virginia University is one of these) in 1933-34 was $230.00; in 1943-44, $305.00; in 1953-54, $420.00, and 1963-64, $564.00 —an increase of 145 per cent through the three

decades. The increase for non-resident students during these same years was 161 per cent.

In the "Private Schools" the figures were: In 1933-34, $427.00; in 1943-44, $501.00; in 1953-54, $831.00, and 1963-64, $1,290.00. The percentage increase was 202. The so-called "Private Schools" have nearly always charged a higher tuition rate than the "Public Schools."

Although it is difficult, if not impossible, to determine just what it actually does cost to educate a medical student, it is known that tuition fees by no means cover the entire cost of medical education. Each medical school, in a measure at least, must subsidize a part of the student's education.

Since there apparently is a shortage of physicians in the United States, and since there is some evidence that presently medicine is not attracting outstanding students as it once did, it would seem logical to keep tuitions as low as possible. In this connection it is noteworthy that the tuition fee at the School of Medicine of West Virginia University currently is $384.00 per year. This figure is $180.00 below the national average for "Public Schools."

The danger of exacting a high tuition fee is, of course, that many students do not have sufficient money to meet their obligations. There is no question but that high tuition fees work a hardship on many students. It is true that scholarships and loan funds often help tide over the student, but presently there are not enough of these funds to help all those deserving help.

It is unfortunate that tuition fees are presently as high as they are, and it is earnestly to be hoped that they will not be increased. Other means should be found to meet the costs of medical education rather than raising tuition fees.

SEE YOU IN ATLANTIC CITY

The American Medical Association will hold its 112th Annual Meeting in Atlantic City, June 16-20. In urging you to attend, I would like to write briefly about an aspect of science that is rapidly becoming a very serious problem. I refer to what scientists have called "The Publication Explosion." Research men are faced with the dictum of "publish or perish." Naturally, they publish. They publish so much that some areas of science now have such a volume of literature that it is often cheaper and faster to repeat an experiment than to search the literature and find out what others have done in the same field.

It has been said that it would be necessary for a physician to read one book an hour just to keep up with new findings in his own specialty. This obviously is impossible.

There were four million scientific documents published in 1962. These included some three million papers and articles in some seventy thousand technical and professional journals. The bulk of these are in the life sciences, particularly medicine. They are published in at least 65 different languages, in almost every country of consequence in the world.

Faced with this overwhelming deluge of paper, the physician in practice, already one of the busiest men in his community, may be inclined to just throw up his hands.

The scientific meeting helps greatly to fill the gap and to help the physician keep abreast of new developments. At the AMA annual meeting, in a short space of four or five days, the physician has his choice of literally hundreds of scientific papers covering the broad spectrum of medicine. He can select half a dozen lectures daily from the program as a whole. Or he can concentrate on his specialty section and its meetings.

The physician can select outstanding medical motion pictures, fresh from the production line. Or he can view live telecasts of surgery and medicine in action in new areas.

It would take years of reading an hour a day to learn all that can be learned in five days at the annual meeting of the American Medical Association. The scientific exhibits alone are a good post-graduate course in medicine.

All of us as physicians are well aware of the problems of keeping abreast, of bringing the findings of the researchers into our practice as soon as possible. Through the annual meeting of our national association, we can make considerable progress in this important respect.

As president of the American Medical Association, I personally urge American physicians to make plans now to attend the annual meeting in Atlantic City.—*George M. Fister, M. D., President, American Medical Association.*

A Public Utility?

I sometimes suspect that our most persistent and vocal critics are not so much interested in correcting our alleged abuses within the context of American medicine, as in undermining the very structure of American medicine itself. As one man frankly suggested to a Congressional subcommittee: "Drugs should be treated like a public utility."—T. F. Davies Haines, President, Ciba Pharmaceutical Company.

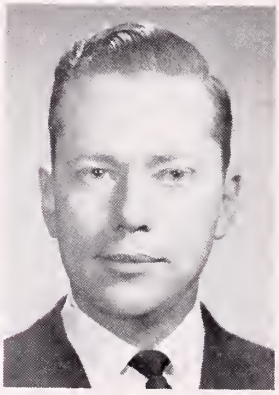
GENERAL NEWS

Drs. Judd and Haynes To Speak At 96th Annual Meeting

Two prominent physicians have been added to the list of guest speakers who will appear on the program at the 96th Annual Meeting of the West Virginia State Medical Association at The Greenbrier in White Sulphur Springs, August 22-24.

Dr. Henry F. Warden, Jr., of Bluefield, Chairman of the Program Committee, announced that Drs. Edward S. Judd of Rochester, Minnesota, and Douglas M. Haynes of Louisville, have accepted invitations to present papers during the three-day meeting.

Edward S. Judd, M. D.



Douglas M. Haynes, M. D.

Doctor Judd, who is Head of a Section of Surgery at the Mayo Clinic, will appear as a speaker at the second general scientific session on Friday morning, August 23.

Doctor Judd was born in Rochester and was graduated from Dartmouth College. He attended Harvard Medical School and the Rush Medical College of the University of Chicago, from which he received his M.D. degree in 1936. He served his internship at the George F. Geisinger Memorial Hospital in Danville, Pennsylvania, 1936-37.

He returned to Rochester in 1937 as a Fellow in Surgery at the Mayo Foundation and, in 1940, he received a masters degree in surgery from the University of Minnesota.

Doctor Judd was appointed an assistant surgeon at the Mayo Clinic in 1942 and the following year he became a member of the staff as Head of a Section of Surgery, a position he still occupies. He also serves as Professor of Surgery at the Mayo Foundation Graduate School, University of Minnesota.

From 1943 to 1946 Doctor Judd served as a Major in the Medical Corps of the United States Army assigned to the 237th Station Hospital in the Pacific Theater of Operations. He later was assigned to the 248th General Hospital.

Doctor Judd has maintained a particular interest in surgery of the biliary tract, the upper part of the gastrointestinal tract, the colon and the neck, and has contributed extensively to the literature in these fields.

He was certified by the American Board of Surgery in 1943 and is currently serving as President Elect of the Central Surgical Association. He served a term as President of the Minnesota Surgical Society and is a Fellow of the American College of Surgeons. He also is a member of the Minnesota State Medical Association and American Medical Association.

Douglas M. Haynes, M. D.

Dr. Douglas M. Haynes, who is Professor and Chairman of the Department of Obstetrics and Gynecology at the University of Louisville School of Medicine, also will appear as a speaker during the second general scientific session on Friday morning, August 23.

He is a native of New York City and was graduated from Southern Methodist University. He received his M.D. degree in 1946 from Southwestern Medical College.

Doctor Haynes served an internship at Parkland Hospital in Dallas, Texas, 1946-47, and he served a residency in obstetrics and gynecology at the same hospital, 1949-52.

From 1947 to 1949, Doctor Haynes was an officer in the Medical Corps of the United States Army and served as Chief of Pathology at the 4th Medical Laboratory in Heidelberg, Germany. He was discharged with the rank of Captain.

He served as Assistant Professor of Obstetrics and Gynecology at the University of Texas Southwestern Medical School, 1952-55, and he joined the faculty of the University of Louisville School of Medicine as Associate Professor of Obstetrics and Gynecology in 1955. He was named Professor and Chairman of the Department in 1957.

He was certified by the American Board of Obstetrics and Gynecology in 1954, and is currently serving as an associate examiner for the Board. He is a member of the Southern Medical Association and American Medical Association, and he was named an honorary member of the West Virginia Obstetrical and Gynecological Society in 1962.

Program for First Two Sessions Completed

It was previously announced that the third speaker on the Friday morning program will be Dr. Charles A. Doan of Columbus, Dean Emeritus and Director of the Division of Hematology at the Ohio State University College of Medicine.

Doctor Doan, who received the Distinguished Service Award of the American Medical Association in 1960, will speak on "The Lymphomata: Their Differentiation and Selective Treatment."

The first scientific session on Thursday morning, August 22, has been officially designated as "West Virginia University School of Medicine Day" and will be devoted to a Symposium on "Neoplastic Disease in the Chest."

The following members of the faculty at the WVU School of Medicine will participate: Drs. Alvin L. Watne, Wilhelm S. Albrink, Harold I. Amory, Charles E. Andrews, Richard A. Currie and Norman W. B. Craythorne.

Business Meetings

The pre-convention meeting of the Council will be held on Wednesday afternoon, August 21, and the first session of the House of Delegates will be held that evening. Dr. L. J. Pace of Princeton, the President, will deliver his Presidential Address before the second session of the House of Delegates on Saturday afternoon, August 24.

Doctor Warden said that plans are nearing completion for meetings of sections and affiliated societies which will be held afternoons during the meeting. The other members of the Program Committee are Drs. A. C. Esposito of Huntington, Richard E. Flood of Weirton and Maynard P. Pride of Morgantown.

Additional information concerning the program will appear in future issues of *The Journal*. The complete program will be published in the Convention Number in August.

Heavy Room Reservations At The Greenbrier

Reservations for the 96th Annual Meeting of the West Virginia State Medical Association at The Greenbrier in White Sulphur Springs, August 22-24, are approaching the 400 mark as this issue of *The Journal* goes to press.

The management has again assured Association officials that every effort will be made to arrange accommodations for all those who are interested in attending the convention. It is important, however, that reservations be made as soon as possible so that some idea may be had by the management concerning the total number of rooms that will be needed to house those attending the meeting in August.

Requests for rooms should be mailed directly to the Reservation Manager, The Greenbrier, White Sulphur Springs, W. Va.

Dr. Wesley W. Spink Installed As New ACP President

Dr. Wesley W. Spink of Minneapolis, Minnesota, was installed as President of the American College of Physicians during the annual meeting of that organization in Denver, Colorado, April 1-5.

Doctor Spink is Professor of Medicine at the University of Minnesota Medical School and is an authority on infectious diseases. He succeeds Dr Franklin M. Hanger of Staunton, Virginia, as President of the ACP which represents more than 11,500 internists and specialists in related fields.

Dr. Thomas M. Durant of Philadelphia, Professor and Chairman of the Department of Clinical Medicine at the Temple University School of Medicine, was named president elect.

Doctor Durant is Associate Editor of the *American Journal of the Medical Sciences* and has contributed numerous articles to medical journals on investigative work in cardiovascular subjects—notably air embolism, pulmonary embolism and nutritional factors in heart disease.

The internists also elected Drs. Ellsworth L. Amidon of Burlington, Vermont, first vice president; Fuller B. Bailey, Salt Lake City, Utah, second vice president; and Frederick W. Madison, Milwaukee, Wisconsin, third vice president.

Dr. R. U. Drinkard of Wheeling is Governor of the West Virginia Chapter, ACP, and Dr. Paul H. Revercomb of Charleston served during the past year as vice president of the national organization.

Symposium on Cardiac Disease At WVU Medical Center

A "Centennial Symposium on Cardiac Disease," sponsored by the West Virginia University School of Medicine, will be held at the Medical Center in Morgantown, October 17-19.

The registration fee for the three-day meeting is $20.00. Names of the speakers and their subjects will be published in future issues of *The Journal*.

Further information may be obtained by writing to Dr. Russell V. Lucas, Jr., Department of Pediatrics, WVU Medical Center, Morgantown, West Virginia.

Relocations

Dr. Milford L. Hobbs, who has been serving as pathologist at St. Mary's Hospital in Huntington, accepted a position on May 1 as Chief of Laboratory Service at the VA Hospital in Augusta, Georgia. He served from 1947 to 1961 as Head of the Department of Pathology at the West Virginia University School of Medicine.

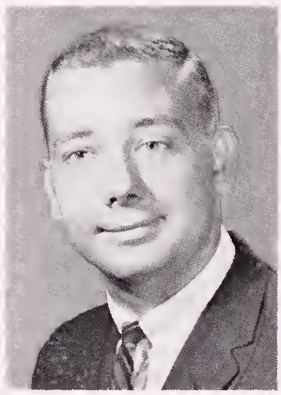
* * * *

Dr. William D. McClung, who has practiced his specialty of surgery in Charleston for several years, has moved to Summersville and has offices in the Peck Building. He had practiced in Richwood prior to locating in Charleston.

1963 Scholarship Recipients Selected by Committee

Richard L. Hess of Clarksburg and J. Donald Morrison of Huntington have been selected by the Medical Scholarships Committee of the West Virginia State Medical Association as the 1963 recipients of the four-year scholarship awards to the West Virginia University School of Medicine.

J. Donald Morrison



Richard L. Hess

Announcement of the awards was made by Dr. J. P. McMullen of Wellsburg, the chairman, following a meeting of the Committee at the Medical Center in Morgantown, April 6-7.

The scholarships, each worth $4,000, are awarded annually to two students enrolled in the first-year class at the School of Medicine. The two recipients will accept the awards formally during the 96th Annual Meeting of the State Medical Association at The Greenbrier in White Sulphur Springs in August.

Mr. Hess, 22-year-old son of Mr. and Mrs. Paul R. Hess of Clarksburg, was graduated from Victory High School in that city and received his pre-medical training at West Virginia University.

Mr. Morrison, 26-year-old son of Mr. and Mrs. Basil G. Morrison of Huntington, was graduated from Huntington High School. He received a B. S. degree from Marshall University and also received a master's degree in chemistry from that institution.

The two men will begin their studies in September as freshmen in the WVU School of Medicine. They are the seventh and eighth students to receive scholarships under the program inaugurated by the State Medical Association in 1958. The Association awarded one scholarship per year until 1961, and the House of Delegates voted in August of that year to provide an additional annual scholarship.

Dr. Larry Hemmings of Charleston, recipient of the first scholarship, received his M. D. degree in June, 1962, and now is serving his internship at the U. S. Naval Hospital in Bethesda, Maryland. Terry T. Tallman of Alma, Tyler County, will receive his M. D. degree in June and will serve his internship at the WVU Hospital.

Scholarships were awarded to Glenn Buchanan of Gilbert, Mingo County, in 1960; to Clare D. Edman of Parkersburg in 1961; and in 1962 to Paul Brooks of Sissonville and Paul E. Lanham of Charleston.

Program Completed for AMA Meeting in Atlantic City

More than 40 medical films and a session on the relationship between physicians and clergymen will be among the features of the program for the 112th Annual Meeting of the American Medical Association in Atlantic City, June 16-20.

New films will carry such subjects as tetanus, diagnosis of strokes, gastroscopy, kidney transplant and gastric cooling. In addition to the films, there will be a program of closed circuit color telecasts, originating at the University of Pennsylvania Hospital in Philadelphia.

The program devoted to doctor-clergy relations, first of its kind ever held on a national level, was developed by the AMA Committee on Medicine and Religion. The session will be held on Sunday evening, June 16.

The principal speakers will be The Most Rev. Fulton J. Sheen, Catholic Bishop of New York, and Dr. Edward R. Rynearson of the Mayo Clinic.

More than 15,000 physicians are expected to attend the meeting, which will mark the 17th time that the AMA has met in Atlantic City since 1900. At the last meeting there, in 1959, the total attendance was 32,882, including 13,143 physicians.

Advance registration forms and information concerning hotel and motel accommodations may be found in each weekly issue of the *JAMA*.

NIH Publication Outlines Referral Procedures for Clinical Center

The Clinical Center of the National Institutes of Health recently published a new revision of "Current Clinical Studies and Patient Referral Procedures." The publication describes briefly the diagnostic requirements, purposes and methods of those studies expected to be most active during the current year.

With each revision the publication is sent to an extensive mailing list of physicians who have indicated interest in referring selected patients for participation in specific projects of clinical investigation at the NIH Research Hospital in Bethesda, Maryland.

Consideration for admission to the Clinical Center is restricted to individuals referred by their own physician and, on the basis of a summary provided by referral, judged by the appropriate NIH investigators to have a particular kind and stage of illness or condition required in one or more clinical studies. Upon discharge a full report of Clinical Center findings on his patient is furnished to the referring physician.

Physicians who wish to receive a copy of the publication should write to Dr. Jack Masur, Director of the Clinical Center, NIH, Bethesda 14, Maryland.

Committee Recommends Continuation Of Scholarship Program

A meeting of the Committee on Medical Education, Hospitals and Scholarships was held at the WVU Medical Center in Morgantown on Saturday and Sunday, April 6-7.

One of the principal items on the agenda was a discussion of the medical scholarship program of the West Virginia State Medical Association. The Committee went on record unanimously as approving the continuation of the present scholarship program and also recommended the establishment of a student-loan guarantee program modeled after the AMA program which has been in operation for a year.

The State Medical Association awards annually two $4,000 scholarships to students enrolled in the first-year class at the WVU School of Medicine. Six dollars of the dues of each active member is earmarked for this fund.

It was reported that more than $9,500 had been contributed to the Charles Lively Memorial Scholarship Fund as of March 31, 1963. It was the consensus of the members of the Committee that every effort should be made to raise this figure to a minimum of $50,000 before initiating a loan program.

Dr. Clark K. Sleeth, Dean of the WVU School of Medicine, reported that 85 students, interns and residents at the WVU Medical Center had applied for and received loans totaling $101,000 through the Student Loan-Guarantee Program of the American Medical Association. He also reported that all applications for loans approved by the Committee at the Medical Center also had been approved by the AMA.

43 Students Will Receive M. D. Degrees

Dean Sleeth reported that 43 students will receive M. D. degrees from West Virginia University at commencement exercises in June. He said that 14 of the 43 will serve their internships in West Virginia hospitals—seven at the WVU Hospital, four at a Charleston hospital and three at hospitals in Wheeling.

There was considerable discussion concerning intern and residency training programs in hospitals throughout the State. Also presented for discussion was a memorandum from the American Medical Association concerning the current attitude of the AMA Council on Medical Education and Hospitals toward hospitals with internship and residency programs.

A sub-committee was named to arrange a conference with members of the Committee and representatives from teaching hospitals throughout the State for the purpose of discussing intern and residency training programs. Named as members of the sub-committee were Drs. Clark K. Sleeth of Morgantown, M. B. Williams of Wheeling, and William A. Thornhill, Jr., of Charleston.

Scholarship Applicants Interviewed

Sixteen applicants for the 1963 scholarship awards were interviewed on Saturday evening and Sunday morning.

J. Donald Morrison of Huntington and Richard L. Hess of Clarksburg were selected as the recipients. Miss Nola P. Jones of Fairmont was selected as the first alternate, and James O. Fridley of Wardensville was selected as second alternate (See story on Page 138 in this issue).

The meeting was attended by Dr. J. P. McMullen of Wellsburg, Chairman; and Drs. Russel Kessel of Charleston, John M. Moore and M. B. Williams of Wheeling, Clark K. Sleeth of Morgantown, and William A. Thornhill, Jr., of Charleston; and Mr. William H. Lively of Charleston, Executive Secretary.

Refresher Course in Anesthesiology Held in Morgantown

The annual spring meeting of the West Virginia Society of Anesthesiologists was held at the WVU Medical Center in Morgantown, March 30-31. The meeting was held in conjunction with the second annual refresher course in anesthesiology, sponsored by the Society and the Division of Anesthesiology at the WVU School of Medicine.

Speakers at the two day meeting were members of the University faculty and one guest speaker, Dr. Peter P. Bosomworth, Professor and Chairman of the Department of Anesthesia, University of Kentucky School of Medicine.

The speakers and their subjects were as follows:

"Pharmacology of Methoxyflurane."—Paul E. Huffington, M. D., Chief Resident, Division of Anesthesiology.

"Cerebral Blood Flow."—Byron M. Bloor, M. D., Professor and Chairman, Division of Neurosurgery.

"Concerning Anesthesia and Intestinal Obstruction."—Stan Stolar, M. D., Instructor, Division of Anesthesiology.

"The Effect of Anesthetics on Uterine Contractions, Fetal EKG, and Maternal Blood Loss."—Peter P. Bosomworth, M D.

"Problems in Pediatric Anesthesia."—Allen E. Yeakel, M. D., Assistant Professor, Division of Anesthesiology.

"Effects of Anesthetic Agents on the Heart."—Thomas Darby, Ph. D., Associate Professor, Department of Pharmacology.

"Complications of Muscle Relaxants."—N. W. B. Craythorne, M. D., Chairman, Division of Anesthesiology.

"Citrate Intoxication."—Peter P. Bosomworth, M. D.

"The Sympathetic Nervous System: Anatomical Considerations."—Robert J. Johnson, M. D., Professor and Chairman, Department of Gross and Neurological Anatomy.

More than 20 members of the Society attended the meeting and they were welcomed by Dr. Clark K. Sleeth, Dean of the School of Medicine.

A social hour and dinner dance for physicians and their wives was held at the Lakeview Country Club on Saturday evening, March 30.

Preceptorship Program Planned For WVU Medical Students

It was announced at a recent meeting of the WVU Liaison Committee that a preceptorship program for students enrolled in the WVU School of Medicine would be placed into operation during the next school year.

The meeting of the Committee was held at the Chancellor Hotel in Parkersburg on Sunday, March 31.

The program, which was proposed initially by the West Virginia Chapter, AAGP, has been under consideration during the past year by officers of the Academy and representatives of the School of Medicine. Under the program, medical students would spend a period of time serving as associates of physicians engaged in general practice in West Virginia. It was explained that the program would be expanded to include the specialties as experience is gained.

The WVU Liaison Committee met recently in Parkersburg. Attending were, left to right, Drs. Charles L. Goodhand, President Elect of the State Medical Association, L. Dale Simmons of Clarksburg, Clark K. Sleeth, Dean of the West Virginia University School of Medicine, and George F. Evans of Clarksburg, Committee Chairman.

It was pointed out that students will not be required to participate in the preceptorship program; however, officers of the Academy believe the program will be received with much enthusiasm.

Close Relationship with Students

Dr. George F. Evans of Clarksburg, the Chairman, stated that one of the primary responsibilities of the Committee was to develop a close relationship with students enrolled in the School of Medicine.

He said that practicing physicians and other interested individuals should keep in close contact with medical students from the time they enter the School of Medicine until they receive their M. D. degrees. Also, he said this interest should be maintained during the period of intern and residency training.

Doctor Evans said that the Harrison County Medical Society had invited the members of the senior class of the School of Medicine to attend a meeting of the Society in Clarksburg on April 4. He said an interesting program had been arranged for the purpose of pointing out the opportunities available to young physicians in that section of the State. It was suggested that other component societies be encouraged to invite medical students to attend at least one meeting annually.

It was reported that a letter had been mailed recently over the signature of the President, Dr. L. J. Pace of Princeton, to fifteen young physicians who were members of the first graduating class at the WVU School of Medicine in 1962. Doctor Pace pointed out in the letter that there are many splendid opportunities available for general practitioners and specialists throughout the State, and that the State Medical Association was interested in assisting them in finding suitable locations.

Program of Continuing Education

The role of the School of Medicine in a coordinated program of continuing education for practicing physicians was discussed, and it was announced that a postgraduate course on "Cardiovascular Diseases" would be held at the Medical Center in the fall. Doctor Evans stated that a University-sponsored postgraduate course on "Current Concepts of Pulmonary Diseases," held in connection with the annual meeting of the West Virginia TB and Health Association in Beckley last October, had been highly successful.

Another item of business on the agenda concerned the logical relationship of the Medical Center to the provision of specialized care for patients and/or inmates of various other state institutions.

The meeting was attended by Dr. George F. Evans of Clarksburg, Chairman; Dr. Charles L. Goodhand of Parkersburg, President Elect of the State Medical Association; Dr. Clark K. Sleeth, Dean of the WVU School of Medicine; Dr. L. Dale Simmons of Clarksburg; and Mr. William H. Lively, Executive Secretary, and Mr. Jerry Gould, Executive Assistant.

Need a Physician?

Communities in rural areas in West Virginia that are interested in securing a physician may have their requests published in the classified section of *The West Virginia Medical Journal*. Interested persons should submit the population of the area in which the physician is needed and send along a descriptive sentence of their requirements and advantages of practice.

Such information will be published in *The Journal* in the hope that physicians in the state may have medical colleagues who might be interested in the practice of rural medicine in West Virginia.

A listing of physicians wishing to locate in West Virginia will also be published, provided they submit their qualifications to the headquarters offices of the State Medical Association. This service will be provided to communities and physicians without charge.

MLB Licenses 30 Physicians To Practice in State

The Medical Licensing Board licensed 30 physicians, 12 by examination and 18 by reciprocity, at a meeting held at the Capitol in Charleston, January 14-16, 1963. The following physicians were licensed by direct examination:

Chang, Chae Han, Man
Chun, Chung Sook, Man
DeLisio, John, Hopemont
Diaz, Salvador, South Charleston
Holt, Gordon Payne, Morgantown
Lee, Kwan Ho, Logan
Munoz, Jose Armando, Man
Ortiz, Serafin Tinio, Cameron
Portales, Ramon, Marlinton
Repass, James Caldwell, Lumberport,
Stockard, Nellie Patricia, Vinton, Virginia
Piedra, Jorge de la. Mullens

The following is a list of the physicians who were licensed by reciprocity:

Chapman, Ervin Newton, Washington, D. C.
Cox, Joe David, Oceana
Glucksman, Michel Amos, Elkins
Goodno, John Alden, Jr., Charleston
Green, George Garret, Morgantown
Gross, Melvin, Man
Haelig, Arthur William, Beckley
Gayden, Franklin Ross, Beckley
Huss, Bernard Bruff, Jr., Beckley
Leonard, Walter Gould, Elkins
Lewis, Richard Earl, St. Clairsville, Ohio
Lewis, Robert Neff, St. Clairsville, Ohio
Nichols, William Franklin, Belpre, Ohio
Owsley, Lawrence Hayes, Logan
Porterfield, Robert Allen, St. Clairsville, Ohio
Sams, James Edward, Bellaire, Ohio
Shortridge, Charles McCarley, Shinnston
Wunder, Willis Forrest, Ravenswood

The next meeting of the Medical Licensing Board will be held in July for the purpose of licensing physicians for the practice of medicine in West Virginia.

Course in Cardiopulmonary Disease

The American College of Physicians will sponsor a postgraduate course on "Physiological Aspects of Cardiopulmonary Disease" at the Indiana University School of Medicine in Indianapolis, May 20-24.

The registration fee will be $60 for ACP members and $80 for non-members, and Dr. John B. Hickam will serve as director of the five-day course. Further information may be obtained by writing the American College of Physicians, 4200 Pine Street, Philadelphia 4, Pennsylvania.

PG Course at University of Iowa

A postgraduate course on "Current Topics in Internal Medicine" will be presented by the American College of Physicians at the University of Iowa Hospitals in Iowa City, June 10-14.

The registration fee is $60 for ACP members and $80 for non-members. Further information may be obtained by writing to Dr. Edward C. Rosenow, Jr., Executive Director, 4200 Pine Street, Philadelphia 4, Pennsylvania.

A meeting of the Committee on Aging was held in Charleston on April 7. Those attending were, left to right, Drs. Thomas H. Blake of St. Albans, E. Lyle Gage of Bluefield, Committee Chairman, Ray E. Burger of Welch, and Sam Milchin of Bluefield, Virginia.

Southern Medical Meeting Planned In New Orleans, Nov. 18-21

Six West Virginia physicians are assisting in the formulation of the program for the 57th Annual Meeting of the Southern Medical Association in New Orleans, November 18-21.

The group is headed by Dr. Albert C. Esposito of Huntington, who was elected to a five-year term on the Council of the SMA at its 56th Annual Meeting last November in Miami Beach. Doctor Esposito, who is vice president of the West Virginia State Medical Association, also serves as Chairman Elect of the Section on Ophthalmology and Otolaryngology of the Southern Medical Association.

Also assisting are Associate Councilors Drs. H. Charles Ballou of White Sulphur Springs, J. C. Huffman of Buckhannon, Nime K. Joseph of Wheeling, and James T. Spencer, Jr., of Charleston. Doctor Ballou also serves as secretary of the Section on Industrial Medicine and Surgery.

The four-day scientific meeting, which annually attracts more than 5,000 persons, will feature 48 half-day sessions of 21 medical specialty programs, a symposium on the thermal techniques in medicine and a symposium on malignancies, a special two-part program for science writers, eight closed-circuit color television programs, and scientific and technical exhibits.

Dr. Edward R. Annis of Miami, Florida, President Elect of the American Medical Association, will be the guest speaker at a luncheon on Tuesday, November 19, honoring the president of the Southern Medical Association, Dr. Daniel L. Sexton of St. Louis, Missouri.

WVU Physicians Named Diplomates

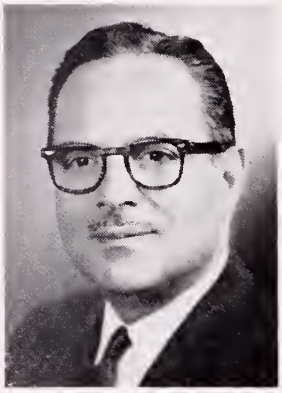
Two members of the Faculty of the West Virginia University School of Medicine, Drs. Gordon B. Fink and Victor M. Napoli, were recently named as Diplomates of the American Board of Pathology.

Annual Meeting, W. Va. Chap., AAGP In Charleston, May 24-26

Fourteen physicians and surgeons have accepted invitations to appear as guest speakers at the 11th Annual Scientific Assembly of the West Virginia Chapter of the American Academy of General Practice, which will be held at the Civic Center in Charleston, May 24-26.

Dr. Joseph A. Smith of Dunbar, general chairman of the convention, said that more than 250 physicians are

John R. Heller, M. D.



Albert C. Esposito, M. D.

expected to attend the three-day meeting. General scientific sessions will be held mornings and afternoons on Saturday and Sunday, in addition to an afternoon session on Friday, May 24.

Cancer Society Program

Dr. Don S. Benson of Moundsville, the president, will call the meeting to order at 1:30 P.M. on Friday, May 24. The invocation will be given by Father Joseph O'Reilly of Charleston, and addresses of welcome will be delivered by the Mayor of Charleston; Dr. L. J. Pace of Princeton, President of the West Virginia State Medical Association; and Dr. Kenneth G. MacDonald, President of the Kanawha Medical Society.

Dr. Richard E. Flood of Weirton, Chairman of the Program Committee, has announced that the scientific session that afternoon will be devoted to a program sponsored by the West Virginia Cancer Society. Dr. Robert J. Johnson of Morgantown, the president, will preside and serve as moderator of a panel discussion following presentation of papers.

The speakers and their subjects are as follows:

1:45—"Research."—John R. Heller, M. D., President and Chief Executive Officer, Memorial Sloan-Kettering Cancer Center, New York City.

2:30—"Epidemiological Studies in Cancer."—E. Cuyler Hammond, Sc. D., Director of Statistical Research, American Cancer Society.

3:45—"Viruses in Cancer."—James P. Cooney, M. D., Vice President of Medical Affairs, American Cancer Society.

4:30—Panel Discussion.

Saturday Morning, May 25

9:00—"Emergency Planning."—Ralph E. Spear, Director, Program and Policy Office of Civil Defense Mobilization.

9:45—"The Fundus Oculi and the General Practitioner."—A. C. Esposito, M. D., Huntington.

11:00—"Histaminic Cephalalgia: Its Diagnosis and Treatment."—Robert E. Ryan, M. D., Associate Professor of Otolaryngology, St. Louis University School of Medicine.

11:45—Panel Discussion.

Saturday Afternoon

1:30—"Tell-Tale Physical Signs of Neurosis."—Leonard L. Lovshin, M. D., Head, Department of Internal Medicine, The Cleveland Clinic.

2:15—"What, Why and When in Pediatric Surgery."—William B. Kiesewetter, M. D., Professor of Pediatric Surgery, University of Pittsburgh School of Medicine.

3:30—"The Unnecessary Uterine Curettage."—L. V. Dill, M. D., Associate Clinical Professor of Obstetrics and Gynecology, Georgetown University School of Medicine.

4:15—Panel Discussion.

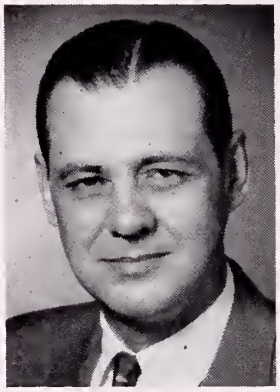
Sunday Program

9:00—"The Management of Intestinal Obstruction in the Aged."—John T. Reynolds, M. D., Clinical Professor of Surgery, University of Illinois College of Medicine.

9:45—"The Matrix of Life."—William D. Snively, Jr., M. D., Executive Vice President, Mead Johnson and Company.

11:00—"Current Status of Surgical Treatment of Congenital Heart Disease."—Charles A. Hufnagel, M. D., Professor of Surgery, Georgetown University School of Medicine.

11:45—"Problems in Diagnosis and Treatment of Peripheral Venous Disorders."—Edward C. Emerson, M. D., St. Paul, Minnesota.



Leonard L. Lovshin, M. D.

Wm. B. Kiesewetter, M. D.

12:30—"The Jaundiced Newborn."—Paul C. Gaffney, M. D., Clinical Professor of Pediatrics, University of Pittsburgh School of Medicine.

1:15—Panel Discussion.

Moderators of Panel Discussions

The following members of the Academy will serve as moderators of panel discussions which will follow the presentation of papers at each general session: Drs. Myer Bogarad of Weirton, John W. Hash of Charleston, and Clark K. Sleeth of Morgantown.

Doctor Smith To Be Installed as President

Dr. Joseph A. Smith of Dunbar, the president elect, will be installed as president during the meeting, succeeding Dr. Don S. Benson of Moundsville.

vice president; Dr. Peter A. Haley of Charleston, secretary; and Dr. L. Dale Simmons of Clarksburg, treasurer. Dr. Randall Connolly of Vienna, immediate past president, is chairman of the Board of Directors, and Dr. Seigle W. Parks of Fairmont, Editor of *Mister Doc.* official publication of the Chapter.

Pre-Convention Meetings

A meeting of the Board of Directors will be held at the Holiday Inn on Thursday evening, May 23. The House of Delegates will be convened at the Civic Center at 10 o'clock on Friday morning, May 24, and the official order of business will include an address by the President, Dr. Don S. Benson. The election of officers for the coming year also will be held at that time.

Banquet on Saturday Evening

Dr. Carl B. Hall of Charleston will serve as toastmaster at a banquet which will be held at the Holiday Inn on Saturday evening, May 25. A social hour will precede the banquet.

The invocation will be given by Dr. Marshall J. Carper of Charleston and the members and guests will be welcomed by Doctor Benson.

Annual ACCP Meeting Planned In Atlantic City

The American College of Chest Physicians will hold its five-day annual meeting at the Ambassador Hotel in Atlantic City, June 13-17.

Postgraduate seminars, open forums, a cine symposium, round table luncheon sessions, formal papers, and motion pictures will be included in the scientific program.

The opening session on Saturday morning, June 15, will be devoted to a symposium on "The Relationship of Autoimmunity to Cardiopulmonary Disease." Another session will feature a forum on "Transplantation of Tissues and Organs." Other subjects to be included in the program are cardiac rehabilitation; pediatric cardiology; management of the cardiopulmonary cripple; mycobacterial diseases of the chest; bronchogenic carcinoma; anticoagulant therapy; air pollution and hyperbaric oxygen therapy.

The annual Presidents' Banquet, at which the College Gold Medal will be awarded to a physician for meritorious achievement in chest diseases, will be held on Sunday, June 16.

There will be a joint meeting on June 17 between the ACCP and the AMA at the Convention Hall. This program will include, in addition to the regular scientific sessions, six round table luncheon sessions.

Further information may be obtained by writing Mr. Murray Kornfeld, Executive Director, American College of Chest Physicians, 112 East Chestnut Street, Chicago 11, Illinois.

As Consultant in Brazil

Kenneth E. Penrod, Ph.D., Vice President of West Virginia University and Director of the WVU Medical Center, has been serving as a special consultant on plans and programs at the University of Guanabara School of Medicine in Rio de Janeiro, Brazil. He left the United States on April 15 and will return to Morgantown the latter part of May. Doctor Penrod was selected for this assignment by the Association of American Medical Colleges (AAMC), following a request from the U. S. State Department's Agency for International Development.

Kenneth E. Penrod, Ph. D.

During his stay in Brazil, he will meet with the Secretary of Health for the State of Guanabara and the dean and faculty members of the School of Medicine for a review of the curriculum and overall administration.

He has served for several years with medical school evaluation and accreditation teams that are a joint responsibility of the AAMC and the Council on Medical Education and Hospitals of the American Medical Association. This is his first assignment to a foreign medical school in a program designed to upgrade educational standards in underdeveloped countries.

Need a New Auto Emblem?

A supply of auto emblems, bearing the insignia of the West Virginia State Medical Association, is kept on hand at all times at the headquarters offices in Charleston. The price of each emblem is $3.25 postpaid.

Medical Meetings, 1963

The following is a partial list of national, state and district medical meetings scheduled for 1963:

May 1-3—W. Va. PH Association, Charleston.
May 3-4—W. Va. Soc. Med. Technologists, Clarksburg.
May 13-15—National TB Assn., Denver.
May 24-26—W. Va. Chapter, AAGP, Charleston.
June 13-17—ACCP Annual Meeting, Atlantic City.
June 16-20—AMA Annual Meeting, Atlantic City.
June 27—Preston Co. Summer Session, Kingwood.
Aug. 22-24—W. Va. State Medical Association, The Greenbrier, White Sulphur Springs.
Sept. 6—W. Va. Heart Assn., Charleston.
Oct. 3—Rural Health Conf., Jackson's Mill.
Oct. 9-11—W. Va. Hospital Association, Wheeling.
Oct. 10-12—AMA School Conference, Chicago.
Oct. 13—GP Symposium, Wheeling.
Oct. 17-19—Cardiac Symposium, Morgantown.
Oct. 21-22—American Cancer Soc., New York.
Oct. 25-27—Annual PG Institute, Martinsburg.
Oct. 27-31—ACS Clinical Congress, San Francisco.
Nov. 18-21—Southern Medical, New Orleans, La.
Dec. 1-4—AMA Clinical Meeting, Portland, Ore.

Multiple Discipline Research Forum In Atlantic City, June 18-20

The third annual Multiple Discipline Research Forum will be held during the annual meeting of the American Medical Association in Atlantic City. The Forum will be presented on Tuesday, Wednesday and Thursday, June 18-20.

A series of 100 scientific papers will be presented under six general headings: Nutrition and Metabolism; Behavioral, Environmental and Neurogenic Mechanisms; Homeostatic Organs and Their Functions; Hormonal and Enzymatic Systems; Neoplasia, Cytogenetics and Molecular Biology and Immune Processes and Microbiology.

The purpose of the Research Forum is to inform physicians of the work being done in basic science and clinical laboratories where the newest and most complex techniques of chemistry, physics, and biology are applied to the study of disease.

Investigators will report on such diverse topics as immunology, hypocholesterolemic agents, sunburn, chromosome anomalies, suspended animation, cigarette smoking, sociopathic disorders, leukemia, and weight reduction.

A highlight of the forum will be the presentation of the Joseph Goldberger Lecture in Clinical Nutrition, entitled "The Changing Face of Nutritional Diseases in America," by Dr. John B. Youmans of New York City.

Dr. Edwin H. Ellison of Milwaukee is chairman of the Research Forum Committee.

Retired Workers Given Opportunity To Retain Insurance Policies

The trend in group health insurance policies to provide coverage after retirement saw a sharp increase in 1962 as more workers acquired this type of protection against the costs of medical care. The Health Insurance Institute reported recently that four out of every five employees covered under group health insurance policies issued by insurance companies last year have the right to retain their health coverage when they retire. In previous years, the proportion had been two out of every three.

The Institute said workers can retain their group health insurance coverage upon retiring in two ways: by converting the group coverage to an individual policy, or by continuing the coverage on a group basis.

The Institute said its findings came from its third annual survey of new group health insurance policies, based this year on data from 44 insurance companies which were responsible for nearly 75 per cent of total group health insurance premiums written by insurance companies in 1961. The sampling consisted of 2,531 new group coverages protecting 284,424 employees and an estimated 711,000 dependents.

Some 262,108 workers in the sample were protected by medical care coverages. Of this number, 210,866, or 80.5 per cent, had health insurance which can be carried into retirement years. In 1961, only 68.4 per cent had this option.

New Association Members

Dr. Ernst A. Burkhard, Guyan Valley Hospital, Logan (Logan). Doctor Burkhard, a native of Germany, received his M. D. degree in 1942 from the University of Koenigsberg. He served an internship in Germany and served a residency at the Bluefield Sanitarium and Guyan Valley Hospital, 1958-59. He served in the Medical Corps of the German Army, 1943-45, and was in general practice for a period of ten years prior to coming to this country.

* * * *

Dr. Walter Klingensmith, Beckley Memorial Hospital, Beckley (Raleigh). Doctor Klingensmith was born in Parkersburg and was graduated from Harvard University. He received his M. D. degree in 1954 from Harvard Medical School and served an internship and residency at Massachusetts General Hospital in Boston. He served as a Captain in the Medical Corps of the United States Army, 1956-58, and was previously located in Boston. His specialty is surgery.

* * * *

Dr. Gregory B. Krivchenia, The Wheeling Clinic, Wheeling (Ohio). Doctor Krivchenia, a native of Cleveland, received his M. D. degree in 1954 from Western Reserve University School of Medicine. He interned at Boston City Hospital, 1954-55, and served residencies at that hospital and at the Akron General Hospital, 1955-56. He also had postgraduate work at the University of Pennsylvania Graduate School of Medicine. He served with the Medical Corps of the United States Air Force, 1956-59, and was previously located in Akron. His specialty is orthopedic surgery.

* * * *

Dr. Robert J. Reed, III, 100 12th Street, Wheeling (Ohio). Doctor Reed, a native of Wheeling, was graduated from Dartmouth College and received his M. D. degree in 1956 from the University of Pittsburgh School of Medicine. He interned at Allegheny General Hospital in Pittsburgh, 1956-57, and served a residency at the University of Pittsburgh Medical Center, 1957-62. He served with the United States Army, 1946-48, and his specialty is thoracic and cardiovascular surgery.

* * * *

Dr. William E. Steiner, Beckley Memorial Hospital, Beckley (Raleigh). Doctor Steiner was born in Shawneetown, Illinois, and he received his M. D. degree in 1937 from the University of Illinois School of Medicine. He interned at the Research and Education Hospital and served residencies at Emory University and at Atlanta and Warm Springs, Georgia. He served as a major in the Medical Corps of the United States Army Reserve, 1944-46, and he was previously located at the VA Hospital in Atlanta. His specialty is physical medicine.

The practice of rehabilitation for any doctor rests on the conviction that his responsibility continues beyond the stage of acute illness or the convalescence from surgery; that it must continue until the patient has been trained to live and work to the maximum effectiveness permitted by his residual disability.—W. Scott Allen, "Rehabilitation: A Community Challenge," John Wiley and Sons, Inc.

Clay County School Health Survey First Project for Mobile Clinic

A Clay County School Health Survey is the initial project in which the State Health Department's Mobile Medical Examination Clinic will be utilized. The Mobile Clinic was purchased last summer by the Department's Division of Maternal and Child Health with funds allocated by the U. S. Children's Bureau at an approximate cost of $23,000.

State Director of Health N. H. Dyer described this clinic facility in the weekly "State of the State's Health," as "a custom-built, all aluminum construction, integral (bus type) unit. It features a complete examination room, reception room, with a refrigerator and autoclave installed, and a combination washroom-toilet. Completely self-contained, it can operate either from local power and water supply sources or from its own gasoline operated electric generator and installed water system. The unit is well insulated and has installed air conditioning and heating systems."

Varied Services Are Offered

The two-month Clay County Survey, which got under way April 1, is scheduled for all school children of that county and is sponsored by the State Health Department, the Clay County Health Department, Clay County Board of Education and the town of Clay. Services offered by the Division of Maternal and Child Health and the Bureau of Heart Disease Control will include: Urine tests for Albumin and Sugar and PKU on all students; history and physical examinations on first grade students; immunization survey of first and ninth grade students; skin tests on ninth grade students to check immunity against diphtheria; tests to check first graders for "strep throat." There is no charge for these services.

There will be a report of tests and examinations sent to parents and efforts will be made to help find follow-up care if any abnormal findings are present. Doctor Dyer said the purpose of the study is to do a Health Survey on school children of a rural county which is currently classified as "depressed;" to collect data to determine needs of school children in a given county; to use such data for program planning to meet these needs; to help parents find follow-up services for children with abnormal findings.

Education Helping in Cancer Battle

In another issue of "State of the State's Health," Doctor Dyer pointed to the role education is playing "in the daily battle against cancer." Citing recent figures from the Division of Cancer Control, he noted that in 1957 thirty-six per cent of the cases of cancer of the breast went to surgery while the disease was localized; in 1961, this percentage rose to forty-five per cent. With cancer of the cervix, 27.9 per cent reported in 1957 began treatment while the disease was localized but the percentage climbed to 58.5 in 1961.

He also predicted approximately 5,000 new cancer cases would be reported in West Virginia this year. "Even with the encouragement of our increased percentage of early diagnosis and treatment, more people must be reached if more lives are to be saved. Community education programs are producing results. In McDowell County, where an excellent program has been conducted for five years, the death rate from cancer in 1961 was 95.3 per 100,000 population, compared to another county, with no organized educational program, and the rate of 176 fatalities."

Dr. Geoffrey T. Mann To Speak At Meeting in Kingwood

Dr. Geoffrey T. Mann of Richmond will be the speaker at a banquet which will be held in connection with the annual summer meeting of the Preston County Medical Society, which will be held at the Preston Country Club near Kingwood on Thursday, June 27.

Geoffrey T. Mann, M. D.

Doctor Mann, who is Chief Medical Examiner for the Commonwealth of Virginia, is well known to physicians throughout the State. He appeared as chief spokesman for the State Medical Association during legislative hearings on the Medical Examiner's Bill which was passed by the West Virginia Legislature in March.

Golf and trapshooting tournaments will be held during the morning and afternoon hours and prizes will be awarded to winners at the banquet. Fishing and target archery will also be available for those not interested in golf and trapshooting.

Physicians who plan to attend the one-day meeting should contact Dr. C. Y. Moser of Kingwood, Secretary of the Preston County Medical Society.

ACP Course in Cincinnati

The American College of Physicians will present a postgraduate course on "Internal Medicine: Current Physiological Concepts in Diagnosis and Treatment" at the University of Cincinnati College of Medicine in Cincinnati, June 3-7.

The registration fee is $60 for ACP members and $80 for non-members. Further information may be obtained by writing Dr. Edward C. Rosenow, Jr., Executive Director, 4200 Pine Street, Philadelphia 4, Pennsylvania.

Conference on Congenital Malformations

The Second International Conference on Congenital Malformations, sponsored by the National Foundation, will be held at the Americana Hotel in New York City, July 14-19. Eight scientific sessions will be held during the week-long conference.

Further information concerning the conference may be obtained by writing to the Secretary, Room 3013, 120 Broadway, New York 5, New York.

W. Va. Heart Association Accepting Requests for Research Grants

The West Virginia Heart Association is accepting applications requesting grants-in-aid for research in the field of cardiovascular disease. Grants are not restricted to any particular discipline although the investigator must be qualified and have available facilities necessary to pursue his investigation.

Funds are limited and individual grants should not exceed $300 although no maximum has been established. Each application will be evaluated by the Research Committee and awards will be based on merit, need and available funds. All requests for the 1963-64 fiscal year should be submitted by June 1. Those received after this date will be processed and awarded as funds become available.

Further information may be obtained by writing to the West Virginia Heart Association, 759 West Washington Street, Charleston, West Virginia.

Named C&P Medical Director

Dr. Richard J. Browning of Charleston has been appointed medical director for the Chesapeake & Potomac Telephone Company of West Virginia. He succeeds Dr. John T. Jarrett of Charleston who has been named medical director for the utility in Virginia with headquarters in Richmond.

Doctor Browning, who will serve in the C&P administrative post on a part-time basis, is a native of Spencer. He attended the two-year School of Medicine at West Virginia University and received his M. D. degree in 1956 from the Medical College of Virginia.

Dr. Merle S. Scherr Named Chairman Of Rehabilitation Group

Dr. Merle S. Scherr of Charleston has been named chairman of the newly formed Committee on Rehabilitation of the Research Council of the American Academy of Allergy. The appointment was made by Dr. Sheldon G. Cohen of Wilkes-Barre, Pennsylvania, Chairman of the Research Council Committee.

The committee has been established for a one-year trial period after which a review will be conducted of its organization, progress, objectives and plans in the field of rehabilitation of asthmatic patients.

The purpose of the committee is to organize a directory of the rehabilitation centers now available in the United States and the type of services offered; continue an organized survey of such facilities; aid in the organization of rehabilitation programs for both asthmatic and atopic dermatitis patients; work in conjunction with other organizations; include rehabilitation as a part of the graduate instructional course; and attempt to organize a multi-disciplinary approach to determine its importance in the management of allergic diseases.

'Travel Meeting' of Ob.-Gyn. Society Held at Baltimore Hospitals

The Annual Travel Meeting of the West Virginia Obstetrical and Gynecological Society was held at the Johns Hopkins and University of Maryland Hospitals in Baltimore, March 15-16.

Dr. Allan C. Barnes, Gynecologist-Obstetrician-in-Chief at Johns Hopkins Hospital, and Dr. Edmund B. Middleton, Assistant Professor of Obstetrics and Gynecology at the University of Maryland School of Medicine, were hosts for the two-day meeting.

Fifteen West Virginia physicians attended the sessions and an interesting program was arranged for their wives.

The following scientific program was presented by the Johns Hopkins Hospital staff on Friday, March 15:

"Cancer of the Cervix in Pregnancy."—Tiffany J. Williams, M. D.

"Progesterone and Human Myometrium."—D. Kumar, M. D.

"Transplacental Carbohydrate Transportation."—Andre H. Hellegers, M. D.

"The First Breath and Respiratory Distress."—John W. C. Johnson, M. D.

"Mullerian Mixed Tumors."—J. Donald Woodruff, M. D.

"Diabetes in Pregnancy."—W. Newton Long, M. D.

"Detection of Cervical Cancer: A Community Approach."—Hugh J. Davis, M. D.

"Cine - radioangiographic Studies of Placental Circulation."—George W. Corner, Jr., M. D.

The scientific program presented at the University of Maryland Hospital on Saturday, March 16, was as follows:

"Salpinography After Caesarean Section."—James P. Durkan, M. D.

"Paracervical Block for Relief of Pain in Labor."—Edward Wilk, M. D.

"Lymphangiography — A New Procedure for Evaluation of Pelvic Malignancy."—Umberto Villa Santa, M. D.

The following persons attended the meeting: Dr. and Mrs. Clarence H. Boso and Dr. and Mrs. Gates J. Wayburn of Huntington; Dr. and Mrs. Paul H. Cope of Wheeling; Dr. and Mrs. Dwight P. Cruikshank and Dr. and Mrs. Charles L. Goodhand of Parkersburg; Dr. and Mrs. Frederick H. Dobbs and Drs. John T. Chambers, John A. Goodno, Jr., Leo M. Seltzer and Robert E. Stone of Charleston; Dr. and Mrs. G. Thomas Evans of Fairmont; Dr. and Mrs. Warren D. Elliott of Beckley; Dr. and Mrs. Robert Greco of Morgantown; Dr. and Mrs. A. J. Villani of Welch; and Dr. Jack R. Pierce of Williamson.

Rural Health Conference

The 16th Annual Rural Health Conference, sponsored by the West Virginia State Medical Association, will be held at Jackson's Mill on October 3. Dr. Charles E. Staats of Charleston, Chairman of the Rural Health Committee, is in charge of arrangements for this year's conference.

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Possible Side Actions:
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1. Asher, L. M.: The Choice of Anticholinergic Drugs in the Treatment of Functional Digestive Diseases, Amer. J. Dig. Dis. 4:260-275 (April) 1959.

WVU Medical Center
—News—

EACH of the 43 medical students comprising the second group to receive M. D. degrees at the West Virginia University School of Medicine has accepted an internship appointment, effective July 1, 1963.

Dean Clark K. Sleeth said 14 graduates will enter internship programs in West Virginia hospitals while four will go into various military hospitals. The remaining 25 are widely distributed over the United States.

A list of the students, together with home addresses and internships accepted follows:

Charleston Memorial Hospital—Lowell T. Mouser, Minnehaha Springs; Richard D. Richmond, Beckley; Okey H. Sanford, Jr., Morgantown; and David W. Wallace, Van.

Ohio Valley General Hospital—Charles H. Bonnesen, Wheeling.

Wheeling Hospital—John T. McMurray, Mannington, and George P. Naum, Wheeling.

West Virginia University Hospital—Donald C. Dickenson, Bluefield; Robert F. Gustke, Parkersburg; Alfred N. Karickhoff, Belington; Roy J. Stevens and Donald R. Swartz, Morgantown; Terry T. Tallman, Alma; and Grover R. Tompkins, Charleston.

U. S. Naval Hospital, Philadelphia, Pennsylvania—Donald R. Fowler, Parkersburg.

U. S. Air Force Hospital, Scott Air Force Base, Illinois—James L. Bryant, Belle, and Richard M. Thompson, Charleston.

U. S. Air Force Hospital, Wright-Patterson Air Force Base, Dayton, Ohio—Randall E. Johnson, Williamson.

U. S. Naval Hospital, Portsmouth, Virginia—Ricci J. Larese, Kimball.

Riverside Hospital, Newport News, Virginia—Frederick H. Dobbs II, Charleston; James E. Kopp, Clarksburg; John W. Vaughan, St. Albans; and Robert G. Young, Montgomery.

Akron General Hospital, Akron, Ohio—John L. Barile, Clarksburg, and John T. Fuscaldo, Fairmont.

Mount Sinai Hospital, Baltimore, Maryland—Mrs. Mary R. Baker, Wheeling.

Mercy Hospital, Springfield, Ohio—Larry B. Craycraft, Kenova; Dorval H. Donahoe, Chapmanville; John W. McBride, Parkersburg; and William F. Brassine, Clarksburg.

Springfield City Hospital, Springfield, Ohio—Gary D. Bliffen, Monaville.

Marion County Hospital, Indianapolis, Indiana—John L. Fullmer, Arthurdale.

Hospital for Women, Baltimore, Maryland—Gary G. Gilbert, Huntington.

• Compiled from moteriol furnished by Howard Lewis, Administrotive Assistont to the Vice President, West Virginio University Medicol Center, Morgontown, West Virginio.

Riverside Methodist-White Cross Hospital, Columbus, Ohio—Volney W. Hash, Jr., Athens, and Edward S. Weisberg, Charleston.

St. Louis University Group of Hospitals, St. Louis, Missouri—Charles V. Hughes, Jr., Wheeling.

Allegheny General Hospital, Pittsburgh—Stanley J. Kandzari, Mona.

Harris Hospital, Fort Worth, Texas—James E. McCoy, Jr., Bluefield.

University of Minnesota Hospital, Minneapolis—Jack Pushkin, Charleston.

Deaconess Hospital, Spokane, Washington—Barry M. Smith Charles Town.

Lankenau Hospital of Philadelphia, Philadelphia, Pennsylvana—David E. Smith, Charleston.

Strong Memorial-Rochester Municipal Hospitals, Rochester, New York—Charles E. Turner, Huntington.

Washington Hospital, Washington, D. C.—Sidney A. Vinall, Wheeling.

Receives Research Fellowship

Dr. Thomas J. Tarnay, a fourth-year resident in surgery at the WVU School of Medicine, has received a two-year, $15,000 fellowship from the National Institutes of Health which will include research into the ability of the body to adapt to man-made heart-valves.

Doctor Tarnay in 1960 helped to establish the cardiovascular research laboratory at the WVU School of Medicine and trained technicians in the use of the heart-lung machine.

Two Physicians Join Faculty

Drs. Alphone C. Edmundowicz of Nanticoke, Pennsylvania, and Robert S. English of Wexford, Pennsylvania, have joined the School of Medicine faculty.

Doctor Edmundowicz, who was named Assistant Professor of Medicine, was graduated from Villanova University and received his M. D. degree from Hahnemann Medical College. He served his fellowship in internal medicine at Mayo Clinic in Rochester, Minnesota, and at the time of his WVU appointment he was a staff assistant in clinical cardiology there.

Doctor English, a dermatologist, was appointed Clinical Instructor in Medicine. He is a native of Pittsburgh and also received his M. D. degree from Hahnemann Medical College.

vacancy

"The direct cost for caring for the mentally ill is $1.7 billion a year. Workers who become mentally ill lose over half a billion dollars in earnings each year.

*Staff in one mental hospital recently tried an experiment with 65 patients who had been confined for an average of 13 years. They practiced the best treatment methods now known and, within six months to a year, 37 of these patients were well enough to be discharged. Only eight of the discharged patients failed to hold the gains they had made for at least a year after they left the hospital."**

Hope now, where there was no hope. Drugs which help now, where there were no known drugs which helped—even five years ago. Independent drug research is continuing in this vital area. But, should it be discontinued because the cost must somehow be reflected in the ultimate price of the new drug—if it is to be discovered? Or should the sign read, as it has throughout time in overcrowded mental institutions: "NO VACANCIES."

*U.S. Department of Health, Education and Welfare, Public Health Service Publication No. 813.

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The Month in Washington

A presidential advisory commission urged a massive attack by the federal government on illicit traffic in narcotics and dangerous drugs. The commission recommended establishment of a special unit of investigators and lawyers in the Department of Justice to hunt down and prosecute big-time smugglers and sellers.

For the addict, the commission suggests more emphasis on rehabilitation rather than punishment. The commission said penalties in federal narcotics laws are too rigid for some of the lesser offenses and urged that these be relaxed to give courts more discretion in dealing with these offenders.

In an interim report, the commission also touched on the controversial question of whether drugs should be dispensed to addicts in treatment by physicians. It recommended that the American Medical Association and the National Research Council "submit definitive statements as to what constitutes legitimate medical treatment of an addict, both in and out of institutions."

Major Recommendations

The commission said it intends to make an intensive study of the issue of discipline versus rehabilitation in the treatment of drug abusers. It said it considered a combination of the two approaches best.

Other major recommendations included:

Stricter control of the manufacture and use of the so-called "dangerous drugs," such as barbiturates and amphetamines.

A comprehensive research program into all phases of drug abuse.

Establishment of a joint United States-Mexican commission to control the illicit traffic of narcotics and drugs from Mexico into the United States.

On the same day, the New York Academy of Medicine issued a report sharply attacking what it called the Federal Bureau of Narcotics' "punitive attitude" of treating drug addicts as criminals and attempting to control addiction by imposing stiff legal penalties.

The report of the New York physicians charged the Bureau of Narcotics with forcing "unsound" medical treatment of drug addicts, intimidating doctors who attempt to treat addicts and generally holding back "progress in the conquest of addiction."

Measles Vaccines Licensed

The Department of Health, Education and Welfare licensed the manufacture of both a live-virus and a killed-virus measles vaccines.

• **From the Washington Office of the American Medical Association.**

Merck Sharp and Dohme of Philadelphia was licensed to market a live-virus measles vaccine and Charles Pfizer & Co. of New York City was licensed to market a dead-virus vaccine in what health officials foresaw as the weapons for possible victory in the age-old battle against the persistent and often serious ailment.

Merck Sharp and Dohme made available a limited quantity of the live-virus vaccine throughout the United States within two days of the licensing on March 21.

Surgeon General Luther L. Terry of the Public Health Service urged inoculation of any child under the age of six who had not had measles.

Dr. Hugh H. Hussey, director of the American Medical Association's Division of Scientific Activities, said the new vaccines made it possible to launch an all-out attack against one of the most common childhood diseases.

Both HEW Secretary Anthony J. Celebrezze and Doctor Terry were optimistic about the possibility of the vaccines putting the nation on the road toward elimination of the disease.

Development of the measles vaccines stemmed from the work of Nobel prize winner, Dr. John Enders of Harvard University and an associate, Dr. Thomas Peebles, who isolated a strain of the measles virus in 1954. From this original strain of the virus, designated the Edmonston strain, both the live and the killed vaccines have been produced.

Field Finals

Over the past several years, the vaccines have been successfully tested in both this country and abroad. Nearly 50,000 children in the United States alone have received these vaccines in field trials. Celebrezze characterized the field trials as "a long and painstaking evaluation" and said that "this was made possible by the cooperative efforts of scientists—both in and out of government—by physicians, the pharmaceutical industry, and thousands of unselfish and courageous parents who have permitted their children to participate in the field trials."

The estimated number of measles in the U. S. was 6.8 million in 1962 and averages at least 4 million annually. In 1961 there were 434 deaths from measles.

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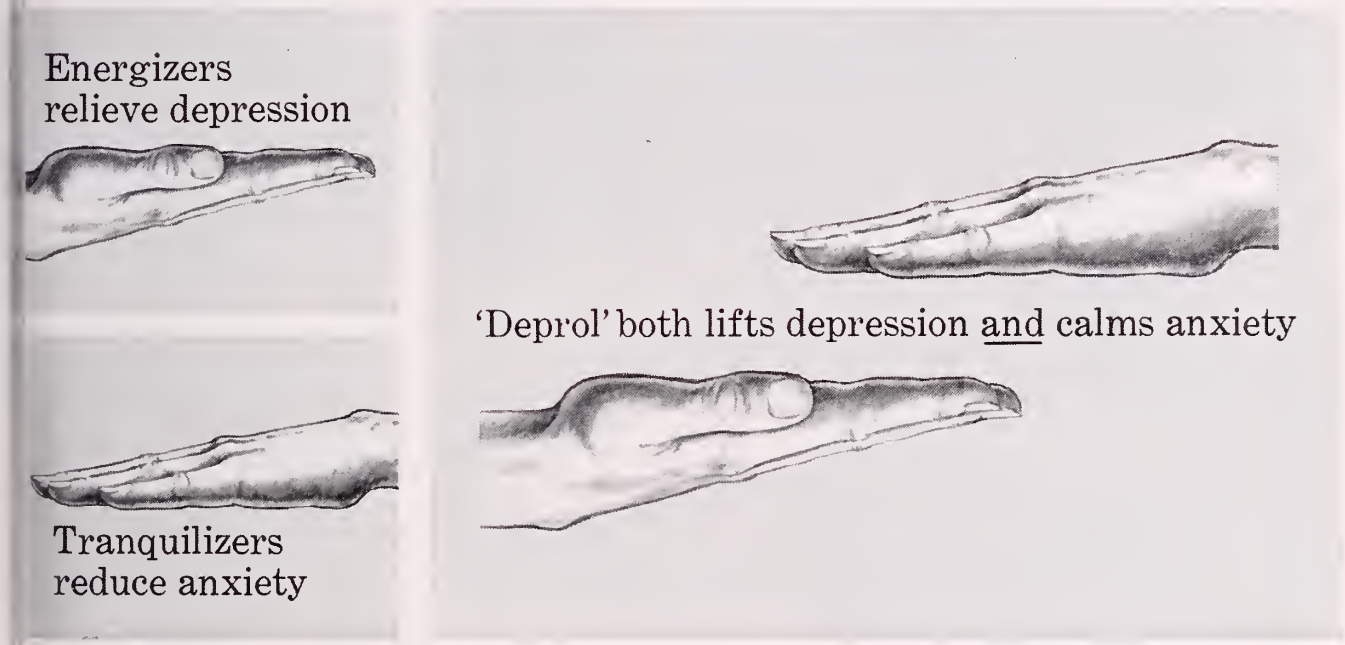

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Obituaries

KENNETH DALE BAILEY, M. D.

Dr. Kenneth Dale Bailey, 42, of Fairmont, died suddenly at his home in that city on March 22. Death was attributed to a heart attack.

Doctor Bailey was born at Flemington, Taylor County, on January 3, 1921, son of R. G. and Eleanor Ruth Currey Bailey. He attended the two-year School of Medicine at West Virginia University and received his M. D. degree in 1945 from the Medical College of Virginia.

He interned at the Medical College of Virginia Hospitals in Richmond, Virginia, 1945-46, and served a residency in pediatrics at those hospitals, 1948-50, after serving two years as a Lieutenant in the Medical Corps of the United States Navy. He opened his practice at Fairmont in 1950.

Doctor Bailey was a member of the Marion County Medical Society, West Virginia State Medical Association and American Medical Association. He also was a charter member of the American Society of Clinical Hypnosis.

Besides his parents, he is survived by his widow, Mrs. Julia Wilcox Bailey; one son, Kenneth Dale Bailey II; one brother, Dr. R. James Bailey of Takikawa, Japan; and one sister, Mrs. Robert Jack of Columbus, Ohio.

* * * *

WALTER HARPER DEARING, M. D.

Dr. Walter Harper Dearing, 51, of Huntington, died at his home in that city on March 27 after a long illness.

Doctor Dearing was born in Beckley on January 18, 1912, the son of Mrs. Leota Harper Dearing of Huntington and the late James W. Dearing. He attended Marshall University and received his M. D. degree in 1936 from the University of Louisville School of Medicine. He served an internship at Morningside Hospital in Tulsa, Oklahoma, 1936-37, and opened his practice in Wyoming County in 1937.

He became chief of admissions at the Huntington VA Hospital in 1948 and was assistant chief of medical services there before his retirement in December, 1962.

Doctor Dearing was a former member of the Wyoming County Medical Society, West Virginia State Medical Association and the American Medical Association.

Besides his mother, he is survived by his widow, Mrs. Marguerite Pyles Dearing; a daughter, Mrs. Sam A. Giunta of Tampa, Florida; a son, James W. Dearing of Huntington; and a sister, Mrs. Creed Neff of Huntington.

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RAYMOND W. CRONLUND, M. D.

Internal Medicine:
JOHN E. LENOX, M. D.
J. L. RITTMEYER, M. D.
ERNEST G. GUY, M. D.

Pediatrics:
CORA C. LENOX, M. D.

Dentistry:
GLENN B. POLING, D. D. S.

Anesthesiology
G. E. HARTLE, M. D.

Broaddus Hospital Resident Staff:
CHIN-JO TSENG, M. D.
S. A. QADIR, M. D.
SION SOLEYMANI, M. D.
RUSSELL C. HERMAN, M. D.

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GORY HOGG, M. D.

Dr. Gory Hogg, 89, of Lewisburg, died on March 24 at his home in that city following a short illness.

Doctor Hogg was born in Mason County in 1873 and attended West Virginia University where he was a member of its first football team in 1891. He received his M. D. degree in 1895 from the College of Physicians and Surgeons of Baltimore and practiced in Fayette County until his retirement from active practice in 1926.

He served in the State Senate from Fayette County, 1915-17, and twice was an unsuccessful candidate for the Democratic nomination for Governor. He also served as West Virginia's Democratic National Committeeman.

Doctor Hogg was an avid golfer and was one of the founders of the Virginias Seniors Golf Association which is composed of members over the age of 50 from Virginia and West Virginia. He had played in all of the Association's annual tournaments since 1925 and had won the event three times.

He was one of the founders of the West Virginia Chamber of Commerce and remained a director throughout his life. He also was one of the founders of the West Virginia University Alumni Association Loyalty Fund and was chairman of its trust committee.

Doctor Hogg was a former member of the Fayette County Medical Society, West Virginia State Medical Association and American Medical Association.

* * * *

JOSEPH WALTER THORNBURY, M. D.

Dr. Joseph Walter Thornbury, 81, of Belle, died on March 18 in a Charleston hospital following a long illness.

Doctor Thornbury was born in Glenhayes, Wayne County, and was graduated from West Virginia University. He received his M. D. degree in 1907 from the Cincinnati Eclectic Medical School, the same year he began his practice in the Logan County coalfields. He retired from active practice in 1945 and for the past four years had resided with his son, Dr. James H. Thornbury of Belle.

He was a former member of the Logan County Medical Society, West Virginia State Medical Association and American Medical Association.

He is survived by two other sons, Lawrence H. Thornbury of Lewisburg and John G. Thornbury of Man; and three daughters, Mrs. D. C. Prochile of Long Island, New York; Mrs. James Cairo of Port Chester, New York; and Mrs. S. B. Peters of Kenova.

ACCP Congress in Mexico City

The Eighth International Congress on Diseases of the Chest, sponsored by the American College of Chest Physicians, will be held in Mexico City, October 11-15. The Congress will be presented with the cooperation of the Mexican Chapter of the College. Further information may be obtained by writing to the ACCP, 12 East Chestnut Street, Chicago 11, Illinois.

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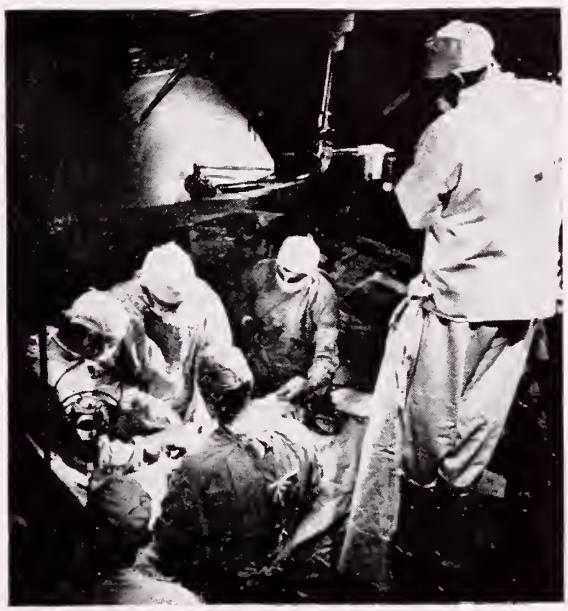

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HUNTINGTON, WEST VIRGINIA

County Societies

CABELL

Members of the Cabell County Medical Society were honored with a Hawaiian Luau in observance of Doctors' Day at the Up Towner Inn in Huntington on March 16.

Dr. Jack Leckie, the president, presided at the brief business meeting at which the membership unanimously approved the granting of associate membership to physicians who have been granted temporary permits to practice in West Virginia.—W. L. Neal, M. D., Secretary.

* * * *

HARRISON

Twenty-five senior students at the West Virginia University School of Medicine and their wives were guests of the Harrison County Medical Society and Auxiliary at a dinner meeting which was held at the Stonewall Jackson Hotel in Clarksburg on April 4.

Dr. Andrew J. Weaver, president of the Society, and Mrs. Charles S. Harrison, president of the Woman's Auxiliary, welcomed the students. Grover R. Tompkins of Charleston, president of the class, gave the response.

Dr. George F. Evans, program chairman, introduced various Society members who discussed the practice of medicine in Clarksburg and the Harrison County area. The physicians who participated were as follows: Drs. Lynwood D. Zinn, Herman Fischer, Robert S. Wilson, Donald H. Lough, J. D. H. Wilson, Richard K. Hanifan, Lawrence B. Thrush, William N. Walker, Jr., and Robert D. Hess.

* * * *

MERCER

The regular monthly meeting of the Mercer County Medical Society was held at the West Virginian Hotel in Bluefield on March 18.

Dr. Paul Kerns gave an interesting talk on the diagnosis of vaginal infections and cancer by the new cervical smear staining technique.

The Society contributed $50 to Camp Kno-Koma, a summer camp for diabetic children in West Virginia. Members also were urged to give liberally to the crippled children's fund.

Dr. James E. McGee, the president, named a committee composed of Drs. John J. Mahood, John A. Warden and J. Brookins Taylor to investigate the possibility of having a postgraduate medical seminar in Mercer County.—J. Brookins Taylor, M. D., Secretary-Treasurer.

* * * *

McDOWELL

The regular monthly meeting of the McDowell County Medical Society was held at the Grace Hospital in Welch on February 13.

Dr. Dante Castrodale, the president, presided at the business meeting which was attended by 17 members and guests.

Dr. L. J. Pace of Princeton, President of the State Medical Association, was the guest speaker at the regular monthly meeting of the McDowell County Medical Society which was held at the Stevens Clinic Hospital in Welch on March 13.

Doctor Pace discussed legislation of interest to the medical profession which came before the recent 60-day session of the West Virginia Legislature. He said he was extremely pleased with the passage of the Medical Examiner's and Autopsy Consent bills.

Dr. Dante Castrodale, the president, presided at the business meeting.—J. Hunter Smith, M. D., Secretary.

* * * *

MONONGALIA

Dr. L. Michael Glick, Clinical Instructor in Medicine at the West Virginia University School of Medicine, was the guest speaker at the regular monthly meeting of the Monongalia County Medical Society which was held in Morgantown on March 5.

Plans were completed for three Sabin Oral vaccine clinics, the first of which was held on March 17.

Forty-four members and six guests attended the business meeting at which time Dr. Charles R. Chamberlain, Jr., was unanimously elected to membership in the Society.—George A. Curry, M. D., Secretary.

* * * *

RALEIGH

Dr. L. J. Pace of Princeton, President of the State Medical Association, was the guest speaker at the Raleigh County Medical Society's annual Father-Son-and-Daughter Banquet which was held at the Black Knight Country Club in Beckley on March 21.

Addressing his remarks to the more than 50 teenage sons and daughters of the Society members, Doctor Pace spoke of the rewarding life of the physician and urged each of them to consider a career in medicine. He also stressed the need for parental counseling and encouragement toward the medical profession.

Doctor Pace presented Dr. A. U. Tieche of Beckley with an engraved plaque in recognition of his 50 years of practice in Southern West Virginia.

Dr. Preston C. Davis, the president, appointed Drs. Grover C. Hedrick and John M. Daniel as co-chairmen of the Raleigh County Sabin Oral program.—Warren D. Elliott, M. D., Secretary-Treasurer.

Change of Address

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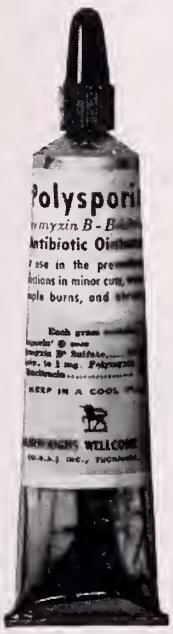

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CABELL

The Woman's Auxiliary to the Cabell County Medical Society observed Doctors' Day with a Hawaiian Luau at the Up Towner Inn in Huntington on March 16.

A skit, "Have You Had Your Operation?," was presented by the Literature-Drama Department of the Huntington Woman's Club under the direction of Mrs. Charles S. Duncan.

Mrs. William E. Irons served as chairman of the planning committee assisted by Mesdames Clarence H. Boso, Gates J. Wayburn, Albert C. Esposito, Edwin J. Humphrey, Milford Hobbs, Paul Dorsey Ketchum, Charles E. McKay, Jr., Jack O. Sheppe, W. L. Neal and Arthur S. Jones.

* * * *

FAYETTE

A Doctors' Day Dinner, sponsored by the Woman's Auxiliary to the Fayette County Medical Society, was held at the Glen Ferris Inn at Falls View on April 3.

Dr. Joe N. Jarrett of Oak Hill, president of the Society, welcomed the 25 members and guests who stood for a moment of silence in memory of Dr. William R. Laird of Montgomery who died on March 5.

Mrs. Jarrett, president of the Auxiliary, discussed the background of Doctors' Day and each member honored her husband by presenting him with a red carnation. Dr. Mildred Mitchell-Bateman, State Director of Mental Health, and Dr. D. Alene Blake of Oak Hill, also were presented carnations.

Doctor Bateman, who was the guest speaker for the joint meeting, outlined the aims, discussed the problems, and pointed to the successes of the West Virginia Mental Health program during the past year.—Mrs. Joe N. Jarrett, President.

* * * *

HANCOCK

The members of the Woman's Auxiliary to the Hancock County Medical Society honored their physician husbands with a Doctors' Day Banquet at the Knights of Columbus Hall in Weirton on March 30.

Each of the 14 physicians attending the banquet wore the traditional red carnation and was presented with

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matching cuff links and tie bar made from West Virginia coal as mementos of the occasion.

* * * *

HARRISON

A Doctors' Day Dinner, sponsored by the Woman's Auxiliary to the Harrison County Medical Society, was held at the Wonder Bar in Clarksburg on March 14.

Mrs. Charles S. Harrison, the president, presided and welcomed the physicians, and the response was given by Dr. Andrew J. Weaver, president of the Harrison County Medical Society. The tables were centered with arrangements of red carnations, the symbol of Doctors' Day.

Members of the Auxiliary presented a one-act comedy depicting, with exaggerated emphasis, the confusion attendant when eleven women attempt to solve one simple problem.

* * * *

MERCER

Arthur Flandreau of Athens, librarian at Concord College, was the guest speaker at the regular monthly meeting of the Woman's Auxiliary to the Mercer County Medical Society which was held at the home of Dr. and Mrs. Joe E. McCary in Princeton on March 18.

Mr. Flandreau discussed two books written by Isaac Asimov—"Life and Energy" and "The Living River."

Mrs. Frederic C. Goodall, the president, presided at the business meeting.

MINGO

The Woman's Auxiliary to the Mingo County Medical Society presented each member of the Society with a red carnation on March 30 to commemorate Doctors' Day. Widows of deceased members of the Society also received flowers.

A dinner meeting honoring Mingo County physicians, also scheduled on March 30, was postponed indefinitely because of recent floods in the Williamson area.

* * * *

MONONGALIA

New Spring and Summer fashions were featured at the annual guest night dinner of the Woman's Auxiliary to the Monongalia County Medical Society which was held at the Morgantown Golf and Country Club on April 2.

Mrs. D. Franklin Milam served as chairman of the planning committee and several Auxiliary members modeled the new fashions. Mrs. W. M. Warman provided the background piano music.—Mrs. Walter H. Moran, Jr., Corresponding Secretary.

* * * *

RALEIGH

Dr. Roger E. Wilcox was the guest speaker at the regular monthly meeting of the Woman's Auxiliary to the Raleigh County Medical Society which was held at the Beckley Hotel in Beckley on March 19.

Doctor Wilcox, a physician at Beckley Memorial Hospital, was introduced by Mrs. Charles W. Merritt.

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He discussed the culture and history of Egypt and presented a collection of slides taken during his recent visit to that country.

The Woman's Auxiliary to the Raleigh County Medical Society and the West Virginia League for Nursing sponsored Nurses Career Day in Beckley on March 30.

Mrs. Albert D. Kistin served as chairman of the planning committee and was assisted by Mesdames Warren D. Elliott, John W. Whitlock, Harry E. Cooper, John A. Hedrick, Everett B. Wray, Jr., and Thomas L. Martin, members of the Health Careers Committee.

The observance of the special day provided an opportunity for junior and senior high school students and other interested parties to learn about the career opportunities in nursing and how to prepare for them. Tours were conducted at both the VA Hospital and the Beckley Memorial Hospital.—Mrs. Thomas L. Martin, Chairman, Press and Publicity.

* * * *

WOOD

The Woman's Auxiliary to the Parkersburg Academy of Medicine held its regular monthly meeting at the home of Dr. and Mrs. Charles B. Cobern in Parkersburg on March 12.

Assisting Mrs. Cobern, the chairman, at the morning coffee were Mesdames Ralph H. Boice, Richard W. Corbitt, George Gevas, Athey R. Lutz and W. R. Yeager.

Mrs. Lawrence R. Leeson, the president, presided at the business meeting.—Mrs. Ira Connolly, Jr., Press and Publicity.

An Industry Supplied the 'Muscle'

The age we live in is rooted in technology. Machines are everywhere and have been devised to do just about everything. These machines and apparatus, and the expertise necessary to manage them, were available when antimicrobial agents appeared.

Experts in the processes of fermentation readily converted their methods and apparatus to the production of penicillin; pill-producing machines could be devised for turning out sulfonamides or isoniazid in large quantities; quarters used for the production of antipneumococcic serum from thousands of rabbits served well for animals used to test the efficacy of antibiotics.

Behind these elaborate facilities were the resources of the pharmaceutical corporations. The industrial capitalism that arose in the 18th and 19th centuries in Europe and America supplied the "muscle" in the war on infections, the money needed to run the machines and to hire the workers.

We cannot say that no other way would have been possible; we can say that this method was tremendously effective.—Harry F. Dowling, M. D., in Archives of Internal Medicine.

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Stephen D. Ward, M. D.
David H. Smith, M. D.

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William K. Kalbfleisch, M. D.

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Nancy Fandriest, M. T.

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Electrocardiography:
Patricia Pastor, R. N.
Electroencephalography:
JoAnn Hastings
Roentgenology:
Evelyn Forester, R. T.

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Book Reviews

SYNOPSIS OF PEDIATRICS—By James G. Hughes, M. D., Professor of Pediatrics and Chairman of the Department of Pediatrics, University of Tennessee College of Medicine, Memphis, Tenn.; Chief of the Pediatric Service, Frank T. Tobey Memorial Children's Hospital (City of Memph's Hospitals); and Staff Member and former Chief of Staff of the Le Bonheur Children's Hospital, Memphis, Tenn. Pp. 1031, with numerous illustrations. The C. V. Mosby Co., 3207 Washington Boulevard, St. Louis 3, Missouri. 1963. Price $9.85.

The definition of synopsis in Webster's Dictionary states it means a general view of the whole subject or summary. In this just recently published first edition, Doctor Hughes and collaborators have presented the pediatric student (which includes the busy pediatric specialist) with a clear, concise, easily readable and digestible general review of pediatrics which is much more than a mere summary. This volume is neither too lacking in brevity nor too long in confusing discussion. The size, cover, type of paper and printing, and arrangement of contents please the eye.

In his preface the eminent author states the volume was prepared in the hope that it will make accurate information more easily available and attempt explanation of the fundamental mechanism of disease in an effort to bridge the gap between basic science and clinical pediatrics. The readers of this volume will readily agree that this has been accomplished beautifully.

A new method of medical illustrations, evolved recently by the writer, is used for the first time. It consists of organ, arrow and label overlays superimposed upon the picture of a child. These illustrations help simplify certain rather complicated syndromes and diseases.

The arrangement of the contents in its chapters is well planned and remarkably covers the wide scope of pediatrics. The information is quite up-to-date and has kept abreast in the rapid changes occuring in this phase of modern medicine. Many textbooks when published are sometimes 2 to 3 years behind in new viewpoints, but this volume includes many statements that were obtainable only in the past year.

This is evidenced by such items on page 278 which mentions the use of liver biopsy and operative cholangiogram for diagnosis of congenital atresia of bile ducts; page 279 stressing the value of serum transaminase as evidence of hepatocellular damage; on page 723 the discussion of use of steroids in treatment of Waterhouse Friderichsen syndrome and on page 292 discussion of antibiotic prophylaxis in prevention of pulmonary infection in cystic fibrosis of the pancreas.

Chapter 7, entitled "Immunization Procedures," groups together in one chapter currently recommended procedures for active immunization. This gives rapid and readily accessible reference for men in general practice who treat 70 to 80 per cent of children.

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Chapter 16, entitled "Disorders of Coagulation," gives a good illustration of how a very complicated subject can be made rather readable and understood.

It was indeed a pleasure to read this volume and I plan to use it for a rapid, accurate reference. I'm only sorry that it wasn't available when I was studying pediatrics in school, interning, and when preparing for the exams of the American Board of Pediatrics. It is, however, a great satisfaction to have it now in these busy days of complicated disease practice and during this rapid pace of modern medicine. I feel there will be an automatic reflex reach for this particular volume when wishing to find a proper answer in a hurry.—Marcus E. Farrell, M. D.

* * * *

PHYSIOLOGY OF THE CIRCULATION IN HUMAN LIMBS IN HEALTH AND DISEASE.—By John T. Shepherd, M. D., Professor of Physiology, Mayo Foundation Graduate School, University of Minnesota, Rochester. Pp. 416, with 179 illustrations. W. B. Saunders Company: Philadelphia and London. 1963. Price $12.00.

Particularly in the past 15 years great advances have been made in our understanding of the physiology and pharmacology of the human peripheral vessels, both in health and in disease. Until now, this information has been available only in specialized journals and in a few monographs and symposia each of which is concerned with a small and highly specialized area of knowledge.

Many internists, cardiologists and surgeons have long felt the need of a comprehensive work on the physiology of the peripheral circulation in order to provide a rational basis for the assessment and treatment of patients with vascular disease, for this is a field in which many therapeutic myths still persists. The situation contrasts sharply with that in the pulmonary circulation; at least six meritorious books have been published in the past five years, each mainly concerned with the physiological and pharmacological reactions of the pulmonary blood vessels. This need has now been admirably filled by Shepherd's new book.

Doctor Shepherd is an authority of international repute, and much of the outstanding work on the peripheral circulation has been performed by him, initially with his colleagues Barcroft, Greenfield, Whelan and Roddie in Belfast, and more recently at the Mayo Clinic.

His book is divided into four sections; it contains 41 chapters, and is profusely illustrated. The first section concerns the nervous control of the blood vessels. The evidence for separate autonomic control systems for the blood vessels of skin and of skeletal muscles is documented. There is a lucid exposition of the effects of sympathectomy and of the clinical importance of the return of intrinsic vasomotor tone which explains the frequent transience of the beneficial effects of sympathectomy.

In the second section, the effects of various local factors on the peripheral circulation are examined in sequence. Quantitative studies of the local effects of cold and of heat are relevant to the management of patients with cold injury, with acute and chronic vascular occlusion, and with vasospastic disorders.

Of particular importance to the practicing physician and surgeon is the lengthy discussion of the altered circulation in patients with intermittent claudication. Probably more enthusiastic remedies have been proposed for this condition than for any other disease, yet few have any rational basis. This has been largely due to a failure to appreciate that observations of the circulation at rest are irrelevant and that assessment of subjective symptoms is misleading; for proof of therapeutic efficacy it must be shown that the reserve of the circulation has been increased. As the author shows, such proof is lacking for any form of treatment except surgical reboring or bypassing of obstructed vessels.

The third section comprises detailed discussions of the effects on blood flow of the important vaso-active hormones, including the catecholamines, 5-hydroxytryptamine and acetylcholine. Finally there is detailed description of the abnormal peripheral circulation in angiospastic disorders, occlusive vascular disease, hypertension, coarctation of the aorta, orthostatic hypotension, finger clubbing, and various neurological, hematological, and endocrine diseases.

Although the general approach is that of a physiologist, particular emphasis is paid to the clinical applications of the observed phenomena. The writing is lucid and the illustrations informative. This book is recommended without reservation to all physicians and basic scientists with an interest in the human circulation. It is likely to remain the definitive work in this important field.—Robert J. Marshall, M. D.

Books Received

THE MANAGEMENT OF THE ANXIOUS PATIENT—By Ainslie Meares, M. D. Pp. 493. W. B. Saunders Company: Philadelphia and London. 1963. Price $9.00.

* * * *

SYNOPSIS OF GENITOURINARY DISEASE—By Austin I. Dodson, Jr., M. D., Associate Clinical Professor of Urology, Medical College of Virginia, Richmond, Va.; and J. Edward Hill, M. D., Assistant Clinical Professor of Urology, Medical College of Virginia, Richmond, Virginia. Pp. 384, with illustrations. The C. V. Mosby Company, 3207 Washington Boulevard, St. Louis 3, Missouri. 1962, Seventh Edition. Price $7.75.

* * * *

"SURGERY IN WORLD WAR II—THORACIC SURGERY, VOLUME I"—Prepared and published under the direction of Lt. Gen. Leonard D. Heaton, The Surgeon General, United States Army. Pp. 394, with illustrations. 1963.

* * * *

"TODD-SANFORD CLINICAL DIAGNOSIS BY LABORATORY METHODS"—Edited by Israel Davidsohn, M. D., Chairman, Department of Pathology, The Chicago Medical School; and Benjamin B. Wells, M. D., Dean, California College of Medicine. Pp. 1020, with illustrations. W. B. Saunders Company: Philadelphia and London. 1962. Thirteenth Edition. Price $16.50.

* * * *

DOCTORS, PATIENTS, AND HEALTH INSURANCE—By Herman Miles Somers and Anne Ramsay Somers. (Paper Back) Pp. 544. Doubleday and Company, 575 Madison Avenue, New York City. 1962. Price $1.95.

* * * *

CURARE AND CURARE-LIKE AGENTS (Ciba Foundation Study Group No. 12)—By A. V. S. De Reuck, M. Sc., D. I. C., A. R. C. S. Pp. 103 with 26 Illustrations. Little, Brown and Company, Boston, Massachusetts. 1962. Price $2.95.

CLASSIFIED

RADIOLOGIST—Age 39, interested in relocating practice. University training includes diagnosis, therapy, isotopes and CO-60. Hospital position preferred. Write CEW, The West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia.

WANTED—General practitioner in Richwood. Citizens of this community are interested in helping physician and believe that the locality can offer an ambitious doctor many advantages. Contact Sr. M. Pia, C.M.P., Administrator, Sacred Heart Hospital, Richwood, W. Va.

AVAILABLE—Well-established obstetrical practice due to recent death of physician in Morgantown, W. Va. Good drawing area. Excellent facilities and well-equipped office. Write DWP, West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

RADIOLOGIST—Seeking new location in West Virginia. Certified and licensed to practice in West Virginia. Write JJJ, West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

PHYSICIANS WANTED—There is a dire need for at least two physicians in this area which is served by a new (3 years old), 25-bed, Hill-Burton Hospital. Excellent opportunity for a general practitioner and a surgeon, or a combination of the two. Citizens interested in helping physician establish practice. Contact Administrator, Calhoun General Hospital, Grantsville, W. Va.

WANTED — General Practitioner in Lumberport, W. Va. Attractive office available. Recent Sears-Roebuck Foundation Survey forwarded on request. Write Mrs. D. Ray Rogers, Lumberport, W. Va.

WANTED—General Practitioner in Danville, Boone County. Trading population of 5,000. Citizens of community interested in helping physician establish practice. Splendid opportunity. Contact Mr. Clarence White, Bank of Danville, Danville, W. Va.

PHYSICIAN WANTED—The citizens of Pennsboro are interested in procuring the services of a physician. Pennsboro has a population of about 2,000, with a trading population of more than 5,000. Excellent opportunity for a physician who would be received warmly and eagerly by the citizens in Pennsboro and surrounding area. Contact Mrs. Carolyn A. Tingler, R. N., Pennsboro, W. Va.

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WANTED—Associate radiologist to participate in coverage of two hospitals in North Central portion of West Virginia. Address correspondence to RAD, West Virginia Medical Journal, P. O. Box 1031, Charleston 24, West Virginia.

WANTED—Resident for recently approved three-year training program in Obstetrics and Gynecology. 3,356 admissions per year, of which more than 1,000 are clinic admissions, 3,844 clinic visits in last year and 910 service deliveries. Contact Dr. Irvin S. Perry, Director of Medical Education, Charleston Memorial Hospital, Charleston, W. Va.

MALE PSYCHIATRIST—If you are a male psychiatrist under the age of 50, have your Boards or are Board eligible, you may be interested in directing a privately established out-patient psychiatric clinic in a favorable setting that offers rewarding work and $25,000 per year, net. Write MWH, The West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

WANTED—Physician urgently needed for general practice in Nutter Fort and Stonewood, W. Va. Near 5,000 population. Present physician had to retire due to illness. Modern and fully-equipped four-room office available. Contact Mr. Sam Colombo, 222 Court St., Clarksburg.

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STAFF PHYSICIAN—For medical service of 196-bed GM&S hospital. Internist preferred, general practice experience acceptable. Initial annual salary $8,045 to $18,405, dependent on qualifications; licensure required; liberal benefits. Contact Hospital Director, VA Hospital, Beckley, W. Va.

WANTED—General practice resident. Available immediately. $500 per month. Associate with five other general practice residents in 215-bed general hospital. JCAH approved with active teaching program. U. S. citizen or those becoming eligible. Location excellent for future practice. Write to Administrator, Herbert J. Thomas Memorial Hospital, 4605 MacCorkle Avenue, S. W., South Charleston, W. Va.

PATHOLOGY RESIDENCY—Four-year fully approved A.P. and C.P. 280-bed general hospital; 6,000 surgicals; 23,000 clinical; 6:000 cytological; 140 autopsies (15 per cent medico-legal); Two Board Pathologists, A.P., C.P., F.P. University affiliation. Salary, $275 to $350 per month, $75 family allowance; Blue Cross. Contact Dr. Peter Ladewig, Charleston General Hospital, Charleston, W. Va.

WANTED—Physician to serve as Assistant State Director, Medical Services for Vocational Rehabilitation Division. Duties include consultation to professional staff, state-wide supervisor of medical services, and Medical Director of West Virginia Rehabilitation Center. Salary $13,932 to $18,669, depending on qualifications. Write Division of Vocational Rehabilitation, State Capitol Building, Charleston 5, W. Va.

WANTED—Physicians needed to take over established practice of deceased physician. Modern office available in community located in Southern West Virginia. Trading population of 75,000. Splendid opportunity for one or more physicians. Contact BLW, The West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

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Maternal Mortality
The Fallacy of the Irreducible Minimum*

Otto C. Phillips, M. D.

During the past twenty-five years there has been a dramatic, even phenomenal, reduction in maternal mortality rates in the United States. In 1935, there were 65 maternal deaths per 10,000 live births. In 1961, the number had fallen to 3.2 per 10,000 live births (Figure 1). The currently prevailing low rates have caused many obstetricians to ask, "Have we not reached an irreducible minimum? Are any further precautions beyond those already routinely taken worth while or to any avail?" A maternal death rate of 3.2 per 10,000 live births is certainly an impressively low figure, and the low incidence may seem inconsequential. For each family with one of these deaths, however, the maternal loss is 100 per cent and the incidence still represents a catastrophe. Thus the perspective differs with the standpoint from which the statistics are viewed.

Source of Material

The material in this presentation is derived from separate surveys by the Maternal Mortality Committee of the City of Baltimore[1] and by the Maternal Welfare Committee of the American Society of Anesthesiologists.[2] As defined by the Maternal Mortality Committee, a maternal death is one that occurs during the pregnant state or within six weeks after delivery. During the period from 1936 to 1958, 614 deaths associated with nearly one-half million live births were reviewed by the Committee. Of this number, 546 were directly due to obstetric causes.

Causes of Obstetric Death

In Table 1 will be seen the principal causes of direct obstetric deaths. For the entire period infection was the most frequent cause with hemorrhage, toxemia and anesthesia following in that order. The greatest improvement between the pre-war (1936-1945) and post-war (1946-1958) periods was the reduction in maternal deaths from infection, a drop of 85 per cent, followed by a 74 per cent reduction in deaths from tox-

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Maternal Mortality Rates Per 10,000 Live Births United States

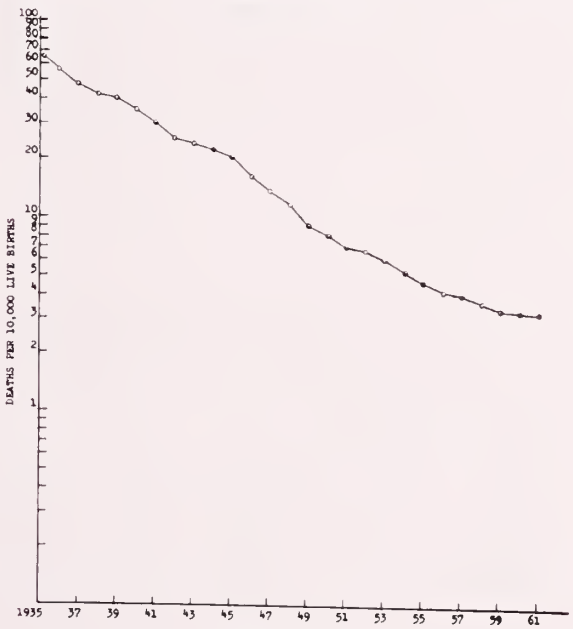

Figure 1

*Presented before the first general scientific session of the 95th Annual Meeting of the West Virginia State Medical Association at The Greenbrier in White Sulphur Springs, August 23, 1962.

emia. Of the principal causes of direct maternal death, hemorrhage and anesthesia had the smallest reduction in rates, 66 per cent and 64 per cent, respectively.

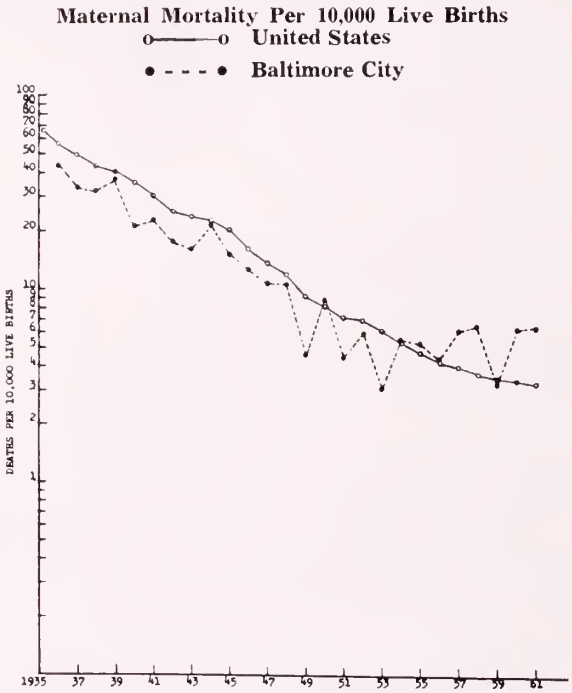

Figure 2

Thus, with the differing rates of improvement during the more recent or post-war period, hemorrhage displaced infection as the leading cause of maternal deaths, with a rate of 2.2 per 10,000 live births. Though the most improved among the principal causes of death, infection nonetheless remained the second most important factor, with a rate of 1.4. Anesthesia and toxemia, with rates little more than a third of that for infection during the pre-war period, showed rates of 1.2 and 1, respectively, during the post-war period, and anesthesia moved into undisputed third place.

Hemorrhage—As shown in Table 2, uterine trauma for the entire period was the most consistent factor among the deaths from hemorrhage. The classification covered rupture, laceration, inversion and atony. Ectopic pregnancy was the next most frequent factor, followed by placental disorders such as placenta previa and premature separation.

There was a reduction in the incidence of all of these types of deaths between the two periods, the smallest being among those from ectopic pregnancy. In most cases of bleeding ectopic pregnancy, bleeding will stop after the blood pressure has dropped sufficiently, and dramatic improvement usually ensues once the bleeding has been controlled. This knowledge still tempts one occasionally to rely upon the patient's own adaptive shock mechanisms and the anticipated clamping of vessels to salvage these patients. Neglect of specific contributory measures, such as early diagnosis and the preparation of blood if bleeding is suspected, probably is responsible for the relatively slow rate of improvement. Most of the patients in this series who died from ectopic pregnancy were managed with intravenous glucose solution during an extended delay in diagnosis and definitive treatment.

Infection—In Table 3 abortion is seen as the most frequent cause of obstetric deaths due to infection during the entire period, with an incidence of 2.37. The puerperal infection incidence was reduced from 3.8 during the pre-war period to 0.27 during the post-war period, a 93 per cent improvement.

Table 4 affords a review of the infections associated with the different types of abortion. Among these, induced criminal or self-induced abortion was involved in 89 per cent of cases during the total period and in 94 per cent during the post-war period. In the pre-war period over 50 per cent of the maternal deaths ascribed to infection resulted from abortion; 86 per cent of the deaths due to infection during the post-war period were associated with abortion. Thus, the relative role of this type of maternal death is increasing in importance.

Anesthesia—Anesthesia contributed to 3.5 deaths per 10,000 live births during the pre-war period and 1.1 during the post-war period, a 68 per cent reduction. This is about the same rate of reduction found for maternal death rates *in toto*. If, however, one considers the cases in which anesthesia contributed to the preventable direct obstetric deaths, he is impressed with the importance of the anesthetic factor. During the entire period nearly 20 per cent of the preventable direct obstetric deaths were associated with anesthesia. When we note that the overwhelming majority of these could have been prevented

Table 1

DIRECT OBSTETRIC DEATHS
MATERNAL DEATH RATES BY CAUSE OF DEATH

Baltimore, Maryland 1936-1958

CAUSE	TOTAL Maternal Death Rate	PRE-WAR Maternal Death Rate	POST-WAR Maternal Death Rate	Per Cent Improvement
Infection	4.0	9.2	1.4	85
Hemorrhage	3.6	6.2	2.2	66
Toxemia	2.0	3.8	1.0	74
Anesthesia	2.0	3.4	1.2	64
Other	0.4	0.9	0.1	
TOTAL	12.0	23.5	5.9	74

merely by observing a few well recognized elementary rules for the safe conduct of anesthesia, we realize that there is a tremendous area for improvement.

It was impossible on a community basis such as this over a 23-year period to collect any figures on total numbers of cases done with each type of anesthetic management. It is known that during the war period and continuing into the post-war period there was a tremendous surge of interest in the use of regional techniques of anesthesia, so that in some hospitals there was almost a complete shift from general to regional from the early pre-war years to the late post-war years. Thus, there evolved a numerical reduction in the number of deaths associated with general anethesia, and an increase in the number of deaths associated with regional anesthesia such as spinal and caudal. Relative risks, however, cannot be determined.

Many studies have pointed to the fact that aspiration of vomitus is the principal cause of obstetric anesthetic death. In Table 5 it may be seen that during the pre-war years there were 23 deaths associated with airway obstruction and 15 with aspiration of vomitus. During the post-war period there were 13 deaths associated with airway obstruction and 9 with aspiration of vomitus. This represents a substantial improvement, but, even during this latter more modern period, there is an average of just about one death a year for each of these two types of respiratory complication in the city of Baltimore.

Significance of Mortality Rates

Having reviewed the data in terms of numbers of deaths from various causes for each 10,000 live births, we may ask what this means in terms of the practice of any one obstetrician, or of any doctor delivering babies. Using as a rough estimate the possibility that the average practicing obstetrician will deliver 200 babies a year for a period of thirty years would mean a total of 6,000 live births in that one practice. In Table 6 are estimated the expected deaths as based on the post-war figures in the city of Baltimore. Since these figures have continued to decline during the post-war period, the actual expectancies, if anything, would be even less. We see that during the post-war period there were 5.9 direct obstetric deaths per 10,000 live births. An obstetrician, then, during a lifetime of practice lasting thirty years, would expect about 3½ obstetric deaths, or just about one every ten years. He might expect one death from hemorrhage during his entire practice and two deaths from the combined causes of infection, anesthesia and toxemia.

The Role of Race

Table 7 shows that the mortality rate among white patients for the entire period was 13 per 10,000 live births and that the rate among the non-white was 22.1, nearly twice the number. When the pre-war period is compared with the post-war period an even more striking comparison is noted. The rate among the white patients changed from 24.8 to 5.9 from the pre-war to the post-war period, a 76 per cent reduction. The rate among the non-white patients changed from 40.9 to 14.2, a 65 per cent reduction. Thus the difference between white and non-white maternal mortality rates that has been present during the entire period was accentuated during the post-war period.

Figure 2 presents this phenomenon in another manner. During the period from 1936 through 1953 the maternal mortality rates in the city of Baltimore were as low or lower than the rates for the entire United States. From 1954 through 1961 the rates in the city of Baltimore were as high or higher than those for the United States. The shift in relative performance can be explained partially by the fact that twenty-five years ago about 16 per cent of the populace in Baltimore was non-white, while at the present time about one third is non-white. Certain it is that economics, through a shifting racial preponderance, has in this instance influenced the type of medical care received as well as the

Table 2

OBSTETRIC DEATHS ASSOCIATED WITH HEMORRHAGE

Baltimore, Maryland 1936-1958

CAUSE OF DEATH DUE TO HEMORRHAGE	TOTAL		PRE-WAR		POST-WAR	
	Maternal Deaths	Maternal Death Rate	Maternal Deaths	Maternal Death Rate	Maternal Deaths	Maternal Death Rate
Uterine Trauma (Rupture, Laceration, Inversion, Atony)	67	1.50	38	2.40	29	0.97
Ectopic Pregnancy	41	0.90	19	1.20	22	0.74
Placenta Previa and Premature Separation	29	0.28	22	1.31	7	0.24
Other	25	0.87	18	1.26	7	0.23
TOTAL	162	3.55	97	6.17	65	2.18

death rates. It has been noted by others that economic background has distinctly influenced utilization of available prenatal care,[3] also the availability of anesthetic care.[2] This influence of race on maternal mortality rates certainly points up the need for continuing consideration and attention to this problem by the medical profession and by public health personnel.

Table 3

OBSTETRIC DEATHS ASSOCIATED WITH INFECTION

Baltimore, Maryland 1936-1958

TYPE OF INFECTION	TOTAL Maternal Death Rate	PRE-WAR Maternal Death Rate	POST-WAR Maternal Death Rate	Per Cent Improvement
Abortion	2.37	4.76	1.17	75
Puerperal	1.50	3.80	0.27	93
Renal Tract	0.15	0.45	0.00	
Ectopic Associated	0.07	0.19	0.00	
Reproductive Tract	0.02	0.00	0.03	
TOTAL	4.11	9.20	1.47	

Table 4

DEATHS FROM INFECTION ASSOCIATED WITH ABORTION

Baltimore, Maryland 1936-1958

ABORTION	TOTAL Maternal Death Rate	PRE-WAR Maternal Death Rate	POST-WAR Maternal Death Rate
Spontaneous	0.33	0.83	0.07
Therapeutic	0.04	0.13	0.00
Induced Criminal or Self-induced	2.00	3.80	1.10
TOTAL	2.37	4.76	1.17

Table 5

MATERNAL DEATHS INVOLVING RESPIRATORY COMPLICATIONS

Baltimore, Maryland 1936-1958

CAUSE	PRE-WAR Maternal Deaths	PRE-WAR Maternal Death Rate	POST-WAR Maternal Deaths	POST-WAR Maternal Death Rate
Soft Tissue Airway Obstruction	23	1.4	13	0.4
Aspiration of Vomitus	15	1.0	9	0.3
TOTAL	38	2.4	22	0.7

Obstetric Anesthesia Coverage

A review of the obstetric anesthesia coverage throughout the nation might help explain why there has been less progress in the reduction of obstetric anesthesia mortality than in any of the four principal causes of direct obstetric deaths. As might be anticipated, the larger hospitals have a more extensive participation by physicians than the smaller ones. It is shown in Table 8 that 45 per cent of the hospitals have a department of anesthesia, and that this ranges from 11 per cent to 83 per cent with increasing size of the hospital. In 31 per cent a doctor is in charge of the department, in 32 per cent a doctor is on call, and in 6.6 per cent a doctor is in the hospital at all times. In each of these aspects there is an increasing degree of organization and participation as the size of the hospital increases.

Table 9 shows that a nurse anesthetist gives the anesthetic for vaginal delivery in about 30 per cent of the hospitals and that "other" personnel do so in nearly as many. The "other" personnel includes medical students, dental students, untrained floor nurses, and even untrained nonprofessional help. The obstetricians are responsible for the anesthesia in 22 per cent of the hospitals and the anesthesiologist in 13 per cent.

For each personnel category there will be noted varying degrees of participation accord-

Table 6

DIRECT OBSTETRIC DEATH

Based on Post-War Figures (1946-1958)

TYPE OF DEATH	Rate Per 10,000	Estimate Per 6,000
Hemorrhage	2.2	1.3
Infection	1.4	0.8
Anesthesia	1.2	0.7
Toxemia	1.0	0.6
TOTAL	5.9	3.5

Table 7

MATERNAL DEATHS AND DEATH RATES PER 10,000 LIVE BIRTHS

Pre-War and Post-War by Race

Baltimore, Maryland 1936-1958

RACE	TOTAL Maternal Deaths	TOTAL Maternal Death Rate	PRE-WAR Maternal Deaths	PRE-WAR Maternal Death Rate	POST-WAR Maternal Deaths	POST-WAR Maternal Death Rate
White	406	13.0	292	24.8	114	5.9
Non-White	319	22.1	170	40.9	149	14.2
TOTAL	730*	15.9	466	29.6	264	8.8

*There were five cases in which race was not stated.

ing to hospital size. The obstetrician is the most consistent factor, contributing in the realm of 16 to 26 per cent of the anesthesias in hospitals of all sizes. There is a steady increase in participation by the nurse anesthetist until the very top category of 2,000 deliveries or more is reached and then there is a reduction. There is a dramatic decrease in participation by "other" personnel as the size of the hospital increases, and the decreasing curve is comparable to that of the increase in participation by the anesthesiologist with the increasing hospital size.

In Table 10 may be noted participation by the varying personnel in anesthesia for cesarean section. Here the obstetrician virtually has disappeared from the picture. This is reasonable, because it would be hard to conceive of one person simultaneously handling the anesthesia and performing a major operative procedure. The anesthesiologist takes care of the anesthesia for cesarean section in nearly 40 per cent of the hospitals, the nurse anesthetist in 32 per cent and the "other" personnel in 20 per cent. The most remarkable variation is in participation by the anesthesiologist, varying from 15 per cent to 73 per cent as the size of the hospital increases. The nurse anesthetist is a major factor in hospitals up to 1,000 deliveries, then drops off markedly. The "other" category holds forth principally in hospitals with 500 or less deliveries a year and participates very little in hospitals of larger size.

Summary

Obstetric mortality rates have improved dramatically over the past twenty-five years, until they have reached the point of leaving a diminishing area for further numerical improvement. The fact remains, however, that for each family with one of these deaths, the maternal loss is 100 per cent. We must consider the principal remaining causes of obstetric mortality, therefore, as possible areas for continued improvement.

Hemorrhage currently is the principal cause of maternal mortality, with infection, anesthesia and toxemia following in that order. During the past twenty-five years the smallest reduction has been in deaths from hemorrhage and anesthesia. Uterine trauma is the principal cause of death from hemorrhage, and aspiration of vomitus is the most frequent cause of obstetric anesthetic death. Self-induced or induced criminal abortion remains the principal cause of death from infection, and the role of this type of death is increasing in importance.

The contribution of trained personnel in anesthesia varies directly with the size of the hospital. The relatively small participation by the anesthesiologist in the realm of obstetrical anesthesia might help explain the fact that obstetrical anesthesia mortality rates have dropped the least of the four principal causes of direct maternal death.

Based on past records, each busy obstetrician might anticipate three deaths during a lifetime of obstetrical practice, and possibly one from each of the several leading causes of direct maternal death.

References

1. Phillips, O. C. & Frazier, T. M.: Factors in Obstetric Mortality, Am. J. Obst. & Gynec. (To Be Published).
2. Phillips, O. C. & Frazier, T. M.: Obstetric Anesthetic Care in the United States, Obst. & Gynec. 19:796 (June) 1962.
3. Donabedian, A. & Rosenfeld, L. S.: Some Factors Influencing Prenatal Care, New England J. Med. 265:1, 1961.

Table 8

ORGANIZATION OF ANESTHESIA DEPARTMENT ACCORDING TO HOSPITAL SIZE

Hospital Size No. of Births	Dept. of Anesthesia %	M. D. Dept. Head %	M. D. On Call %	M. D. In Hospital %
1- 149	11.1	7.8	18.9	3.3
150- 299	24.4	9.8	17.1	6.1
300- 499	45.1	18.3	32.4	1.4
500- 999	60.9	36.8	33.3	1.1
1000-1499	70.3	59.5	59.5	5.4
1500-1999	73.3	69.9	46.6	13.3
2000+	83.3	81.0	59.5	31.0
TOTAL	45.1	31.2	32.8	6.6

Table 9

PERSON ADMINISTERING ANESTHESIA FOR VAGINAL DELIVERY

Hospital Size No. of Births	Anesthesiologist %	Obstetrician %	Nurse Anesthetist %	Other %
1- 149	4.4	20.0	26.7	55.5
150- 299	6.1	22.0	31.7	37.8
300- 499	12.7	22.5	23.9	33.8
500- 999	16.1	25.3	37.9	19.6
1000-1499	24.3	24.3	35.1	5.4
1500-1999	13.3	26.7	43.3	10.0
2000+	35.7	16.7	23.8	9.5
TOTAL	13.7	22.3	30.9	27.4

Table 10

PERSON ADMINISTERING ANESTHESIA FOR CESAREAN SECTION

Hospital Size No. of Births	Anesthesiologist %	Nurse Anesthetist %	Other %
1- 149	15.6	35.0	41.0
150- 299	17.1	43.0	28.0
300- 499	28.2	38.0	27.0
500- 999	44.8	39.0	9.0
1000-1499	86.5	10.0	0.0
1500-1999	76.7	20.0	0.0
2000+	73.8	14.0	2.0
TOTAL	39.4	32.8	20.3

Cerebral Vascular Insufficiency*

(Mechanisms, Diagnosis and Treatment)

Hans G. Bauer, M. D.

PHYSIOLOGY—The marked dependence of the brain on an uninterrupted blood flow is readily understood when the following facts are appreciated. Glucose is the only fuel material for the cerebrum since the blood brain barrier prevents other metabolites from entering in adequate amounts. The brain can store approximately 2 Gm. of glucose in the tissues, yet it burns about 120 Gm. of carbohydrates daily. At a low level of activity glucose resources would be exhausted in 90 minutes after cessation of its supply. This is the time limit a psychotic can endure in deep hypoglycemic treatment. After this period proteins and fatty acids of the brain substance will be burned, resulting in irreversible cerebral damage. Only complete catabolism of glucose in the presence of oxygen will yield an adequate supply of high energy phosphate bonds, adenosine triphosphate and phosphocreatinine. Therefore, a constant supply of oxygen to the brain is also essential.

Cerebral oxygen in any area is consumed in 10 seconds following arrest of cerebral blood flow (CBF). A five-minute period of anoxia in the cortex usually results in irreversible damage to that region[1]. The medulla, being less vulnerable to oxygen want, will be permanently damaged in 20 to 30 minutes[2]. Commensurate with this precarious situation, the brain receives 16 per cent of the cardiac output and utilizes 20 per cent of the oxygen required for the metabolism of the body. The finer homeostatic control of CBF, short of alteration of cerebral vascular resistance (CVR), seems to be accomplished by sympathetic and parasympathetic nerve regulation[3]. It seems to be a regional control since overall CBF is not altered by surgical interference with such autonomic nervous centers as the stellate ganglion, for instance. The mechanisms of this regulation, if existent at all, are not too well understood. When the regulatory capacity of these systems is exceeded, changes in vascular tone, reflected in CVR alterations, take place. If blood pressure levels increase, constriction of cerebral vessels, i.e., increase of CVR, will prevent undue increase of CBF. On the other hand, when the blood pressure begins to fall, decreased CVR will facilitate maintenance of CBF. At a level of systolic blood pressure of 50 mg.Hg., however, reduction of CVR cannot sufficiently compensate for this and CBF will begin to slow.

Cardiac output is another important factor from the viewpoint of CBF homeostasis. Peripheral reflex mechanisms enter here. When cardiac output is reduced below 1/3 of normal, CBF will inevitably slacken[4]. The most effective stimulus for decreased CVR is CO_2. After conversion into carbonic acid it appears to act directly on the vessel wall, relaxing it[5]. Inhalation of 5 per cent to 7 per cent CO_2 causes a 75 per cent increase of CBF via reduced CVR. Oxygen in suboptimal concentrations has vasodilating and, in abnormally high tension, vasoconstricting effects.

This apparently simple system of homeostatic regulation of CBF is actually more complicated, according to recent findings. Sokoloff[3], for instance, has found marked differences of CBF in different areas of the brain. Furthermore, Meyer[5] was able to demonstrate a local effect of changes in metabolism on CBF in various areas of the brain in monkeys.

The architecture of the cranial vascular tree appears ideal in so far as generous collateral blood flow is concerned. It has to be remembered, however, that many anomalies, especially in the Circle of Willis, exist. In fact, almost half of random autopsies of brains reveal irregularities in this regard with a corresponding compromise in collateral potential. Inadequacy of the lumen of the posterior communicating arteries from the viewpoint of collateral support between the anterior and posterior segments of

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cerebral blood supply has been found to occur in 44 per cent of 50 random autopsy cases, as reported by Kaplan[6]. The various forms of anomalous trifurcation of the internal carotid are well described by Kirgis[7]. The increased hazard in patients with such anomalies and atherosclerotic plaques in the carotids, in addition, is pointed out by this author.

Pathophysiology. — Atherosclerosis, the most frequent etiologic factor in cerebral vascular insufficiency, does not single out one carotid or vertebral artery in the syndrome of aortocranial stenosis. As a rule, multiple regions of bifurcation or areas of origin from major vessels are affected. Co-existing atherosclerosis of intracranial vessels also should not be overlooked.

Baker[8], in a series of 1175 autopsied cases, has furnished fairly good evidence that the degenerative process in the cerebral vessels differs according to the size of the lumen. Only the vessels of the Circle of Willis revealed the well known atherosclerotic intimal changes, while adventitial proliferation was the rule in medium sized vessels and progressive medial fibrosis in the arterioles. The vessel changes in the retina, therefore, are not representative of all vessels of the brain. Connective tissue thickening appeared to be the primary event, according to this author. Only hypertension showed a definite correlation to the degree of cerebral atherosclerosis, while age appeared to be only a permissive factor in regard to the development of lesions in time.

In elderly atherosclerotic patients, CBF is mildly decreased with an associated decreased cerebral oxygen consumption ($CMRO_2$)[9]. It is commonly felt that this leads gradually to mental deterioration because of secondary cerebrocortical atrophy. According to more recent concepts, however, cerebroparenchymal degeneration takes place first, due to an unknown aging factor, and proportional reduction of oxygen needs is only a consequence of this gradual devitalization of the tissues.

Increase of CBF in the elderly in response to inhalation of 7 per cent CO_2 mixtures is less pronounced than in the normal young adult. At times no response at all may be obtained. According to Novack[10], this may be due to rigid cerebral vessels, maximally dilated arteries or incapacity of the vessel wall to respond to this stimulus. These patients suffer from cerebral relative arterial insufficiency, not necessarily associated with stenosis of the larger neck vessels. While their daytime blood pressure may suffice to overcome the increased CVR, thus maintaining a reasonable degree of CBF, the prolonged hypotension during sleep eventually may result in focal ischemic infarction, especially in an area previously compromised by a stenosed vessel. Overambitious treatment with antihypertensive agents may have the same effect. Co-existing heart disease or pulmonary emphysema with lowered cardiac output may further increase the chances of focal infarction. The latter will occur when CBF is slowed down 30 cc. to 40 cc. of blood per 100 Gm. of brain per minute[2]. Other causes of critically reduced blood pressure levels such as acute blood loss, acute myocardial infarction, Stokes-Adams syndrome, carotid sinus sensitivity and the various forms of postural hypotension are well known.

In a case of cerebral vascular accident, an electrocardiogram should be taken routinely to demonstrate or rule out myocardial infarction as cause of the cerebral infarct. Conditions causing stenosis of extracranial blood supply are atherosclerotic plaques in neck vessels with gradual occlusion or acute narrowing by hemorrhage into the plaque, thrombus formation over it by trauma or otherwise, kinking of the neck vessels and vertebral spondylosis with impingement of epiphytes on the vertebral artery. Polycythemia with increased blood viscosity and thus decreased CBF may be superimposed on any of these conditions.

Diagnosis

Of all diagnostic measures employed to demonstrate cerebral vascular insufficiency, an adequate history still is most important. Transient short episodes of neurologic deficits of an almost identic pattern, with complete recovery, are highly suggestive of a syndrome of cerebral vascular insufficiency with ischemic episodes. The symptoms of vertebral - basilar stenosis may change over from one side to the other. Alteration of consciousness, vertigo, "drop attacks," bilateral defects in the visual fields, dysphagia, dysarthria and cranial nerve involvement with contralateral hemiparesis are most helpful symptoms for the diagnosis of this syndrome. In cartoid stenosis unilateral symptoms, with the exception of ipsilateral visual disturbance and contralateral hemiparesis, are more common. An ipsilateral Horner syndrome also may be present.

The demonstration of bruits over some of the extracranial arterial supply areas is most helpful diagnostically as well as for treatment disposition. Bruits over the manubrium sterni suggest stenosis of the large neck vessels at their origin from the aorta, and when heard over the supraclavicular fossae suggest vertebral or subclavian artery stenosis. There may be associated in-

equality of blood pressure or of radial pulsation, right and left. Bruits over the carotid sinus region suggest narrowing in that area. A bruit over the eyeball may indicate the attempt to establish extra-intracranial collateral blood flow.

Flexion and overextension, turning of the head towards or away from the examiner and into the neutral position may be very helpful when examining the neck for bruits. A bruit may appear only during such maneuvers, or may become accentuated, or the sound of pulsation of the artery may fade out when the head is turned in a certain direction. Gilroy and Meyer[11] detected and then verified 57 per cent of atherosclerotic plaques in the carotids and 45 per cent in the vertebral arteries merely by listening to these bruits. Some surgeons seem to attach considerable importance to the detection of bruits over the four major neck vessels, as can be seen by this statement of Edwards[12]: "The presence of a systolic arterial bruit over the supposed block might allow the omission of the angiogram."

Intrapharyngeal palpation of the internal carotids is at times helpful for the demonstration of inequality or absence of pulsation of these arteries. Carotid compression on one side may test the collateral potential of the other carotid in this induced emergency situation. If the noncompressed carotid is occluded or severely stenosed, a mild seizure, syncope or other abnormal neurologic sign may be elicited by this method.

More helpful information on altered hemodynamics of the brain is obtained when ophthalmodynamometry is combined with carotid compression[13]. Ophthalmodynamometry may be done as a screening device for determining differences in systolic retinal pressure if the "amblyopia technic" of Antin and Karlan[14] is employed. In this procedure, pressure with the Bailliard ophthalmodynamometer is brought to bear upon the conjunctiva of the eyeball to the point of beginning dimming of vision as noted by the patient. The examiner does not have to look at the eyegrounds. The same authors also suggest utilizing the percentage difference between the systolic or diastolic retinal pressures, as obtained by conventional ophthalmodynamometry, rather than the actual difference itself, recommending this especially when systolic or diastolic readings are above 50 units. By applying both conventional ophthalmodynamometry and the "amblyopia technic" they were able to demonstrate markedly abnormal pressure relations in 10 out of 11 patients with verified cerebral vascular insufficiency due to stenosis of one or the other vessel.

The EEG also may reveal cerebral vascular insufficiency, especially when combined with carotid compression or other stress maneuvers. It is not a strictly localizing method. The final step, angiography, still the best diagnostic tool we have, carries a 10 per cent to 20 per cent rate of complications. The percentage of diagnostic accuracy is not as yet uniformly encouraging and apparently depends a great deal on the skill of the performer as well as on the method used. The retrobrachial approach seems to be most promising and least hazardous. There still is no satisfactory procedure, however, for visualizing the origin of the neck vessels from the aorta, a preference area for stenosing atherosclerotic plaques.

Fazekas[15] recommends examination of total CBF and CVR in addition to angiography in order to study the "functional significance of whatever lesions are demonstrated by arteriography." According to Fazekas, challenging of the cerebral vasculature with inhalation of 7 per cent CO_2 mixtures will reveal the adaptive capacity of the intracranial vessels. He states further, "Such studies indicate that unequivocally demonstrated aortocranial disease may sometimes be of little or no hemodynamic consequence nor is it invariably the primary cause of cerebral ischemic symptoms if these are present, since they may actually be due to disease of smaller intracerebral vessels." Another word of caution against overemphasis of the significance of stenosis of a neck vessel as correlated to impending or established cerebral ischemic infarct comes from Lowe[16].

An interesting observation of reversed vertebral artery blood flow and thus syphoning off of a considerable amount of blood supply from the brain was made by Reivich[17]. The patient had subclavian artery stenosis proximal to the origin of the vertebral artery.

Treatment

In reports on therapeutic measures, two factors often are overlooked. First, comparison of homogeneous groups, namely, patients with transient cerebral ischemia, with the gradually evolving and the completed stroke should be made as against properly selected control groups. Second, more five-year follow-up studies of such groups of treated patients as compared with the natural course of these syndromes in the untreated is essential for proper evaluation of any therapeutic measures in this field. A "life table" report covering 535 untreated patients with various stroke syndromes observed over a ten-year period has been presented by Robinson[18]. According to the report, 33 per cent of the patients

had a recurrence of the initial stroke within one year, 14 per cent of these dying of pulmonary embolism. At the end of 4 years there was 66 per cent recurrence. Eighty per cent of these died of the recurrent cerebral arterial occlusion or of myocardial infarction.

Groch[19] reports that Millikan studied 128 patients with suggestion of carotid insufficiency for a period of 3 to 5 years. Seven per cent of the group of 103 patients treated with anticoagulant therapy developed major strokes whereas 36 per cent of the group of 25 patients not treated developed major strokes. A group with vertebral-basilar insufficiency is expected to yield similar results, according to Millikan. Groch[19] himself, who followed a group of 199 carefully selected patients with the cerebral vascular insufficiency syndrome for 4 years, found a thrombo-embolism recurrence rate of 2 per cent in 101 patients on an uninterrupted anticoagulation regimen, in contrast to a 13 per cent recurrence rate in the 98 untreated patients. Groch emphasizes the importance of conservative measures in the patient with cerebral vascular accident, such as maintenance of adequate blood pressure, prevention of dehydration, early treatment of respiratory complications, treatment of polycythemia, prevention of hypoglycemia, judicious use of sedatives and early ambulation.

In possibly 95 per cent of patients with transient ischemic episodes, the condition is amenable to corrective surgery such as endarterectomy or by-pass, with a mortality rate of 9.3 per cent to 5 per cent. Approximately 50 per cent of patients with progressively developing neurologic deficits have an obstruction susceptible to surgery[20]. A patient with a completed stroke of not more than 18 hours' duration may benefit from surgery and be asymptomatic postoperatively in a fair percentage of cases[21].

Whether restoration of blood flow by surgery improves the overall hemodynamics and thus the cerebral oxygen delivery situation in all cases has not been satisfactorily investigated as yet. In some cases, there may have been merely restoration of the previous distal blood supply while hemodynamic equilibrium via increased collateral flow to the compromised area was already achieved by the organism itself[22]. Thrombolytic agents commonly used in combination with anticoagulative therapy have to be explored further as to their pharmaceutic actions before the contribution of these agents to the treatment of cerebral vascular occlusive diseases can be evaluated.

Summary

Present concepts in regard to etiology, diagnosis and management of cerebral vascular insufficiency are reviewed. The importance of thorough evaluation of intracranial as well as extracranial cerebral vascular insufficiency factors for proper diagnosis and therapeutic disposition is emphasized. The need for better and more critical statistics on results of treatment is stressed.

References

1. Kety, S. S.: Circulation and Metabolism of the Human Brain in Health and Disease, Am. J. Med. 8:205, 1950.
2. Fazekas, J. F. & Bessman, A. N.: Coma Mechanisms, Am. J. Med. 15:804, 1953.
3. Sokoloff, L.: Aspects of Cerebral Circulatory Physiology of Relevance to Cerebrovascular Disease, Neurol. 11:34, 1961.
4. Shenkin, H. A. & Novack, P.: Cerebral Circulation, J. A. M. A. 178:390, 1961.
5. Meyer, J. S. & Gotoh, F.: Interaction of Cerebral Hemodynamics and Metabolism, Neurol. 11:46, 1961.
6. Kaplan, H. A.: Collateral Circulation of the Brain, Neurol. 11:9, 1961.
7. Kirgis, H. D., Llewellyn, R. C. & Peebles, E. McC.: Vulnerability to Stroke Secondary to Occlusion of the Internal Carotid, South. M. J. 54:937, 1961.
8. Baker, A. B.: Cerebrovascular Disease. A Study of Etiologic Mechanisms, Neurol. 11:23, 1961.
9. Fazekas, J. F., Alman, R. W. & Bessman, A. N.: Cerebral Physiology of the Aged, Am. J. M. Sc. 223:245, 1952.
10. Novack, P. & Shenkin, H. A.: Effect of Carbon Dioxide Inhalation Upon Cerebral Blood Flow and Cerebral Oxygen Consumption in Vascular Disease, J. Clin. Investigation 32:696, 1953.
11. Gilroy, J. & Meyer, J. S.: Auscultation of the Neck in Occlusive Cerebrovascular Disease, Circulation 25:300, 1962.
12. Edwards, C. H., Neil, S. G. & Rob, C.: Surgical Treatment of Internal Carotid Artery Occlusion, Quart. J. Med. 29:67, 1960.
13. Lowe, R. D., Cantab, M. B., Stephens, N. L. & Lucknow, M. D.: Carotid Occlusion: Its Diagnosis by Ophthalmodynamometry During Carotid Compression, Lancet, Vol. 1 (June) 1961.
14. Antin, S. & Karlan, R.: Ophthalmodynamometry Criteria for Normal and Abnormal Readings and Another Technic, Neurol. 12:153, 1962.
15. Fazekas, J. F., Yuan, R. H., Callow, A. D., Paul R. E., Jr. & Alman, R. W.: Studies of Cerebral Hemodynamics in Aortocranial Disease, New England J. Med. 266:224, 1962.
16. Lowe, R. D. & Cantab, M. B.: Adaptation of the Circle of Willis to Occlusion of the Carotid or Vertebral Artery: Its Implication in Caroticovertebral Stenosis, Lancet, Vol. IV (Feb.) 1962.
17. Reivich, M., Holling, E., Roberts, B. & Toole, J. F.: Reversal of Blood Flow Through the Vertebral Artery and Its Effect on Cerebral Circulation, New England J. Med. 265:878, 1961.
18. Robinson, R. W. et al.: Life Table Analysis of Survival After Cerebral Thrombosis: Ten-Year Experience, J.A.M.A. 169:1149, 1959.
19. Groch, S. N. & Wright, I. S.: Diagnosis and Treatment of Occlusive Cerebrovascular Disease, New York State J. Med. 60:3119, 1960.

20. Rob, C.: Leriche Lecture. Presented Before the Fifth International Cardiovascular Society Congress, Dublin, Ireland, September 7-9, 1961.

21. De Bakey, M. E., Crawford, E. S., Morris, G. C., Jr. & Cooley, D. A.: Surgical Considerations of Occlusive Disease of Innominate, Carotid, Subclavian and Vertebral Arteries, Ann. Surg. 154:698, 1961.

22. Fazekas, J. F., Alman, R. W., Burns, R. A. & Ehrenreich, D.: Cerebral Vascular Disease. Current Problems of Etiology, Diagnosis and Treatment. Circulation 25:408, 1962.

We Don't Like the Word 'Image'

In the parlance of the public relations counselor, the word "image" has been so overworked that it is trite. Hence, in our editorials we try to avoid it. But it keeps popping up especially with reference to the "image of the medical profession." Image means a likeness or simulitude of a person; a mental picture; an idea; a concept. An "image" is what you *seem* to be in the eyes of others. The important thing is what you *are*.

The image, concept or mental picture of the composite medical profession has been distorted in the mind of the public. To most people, their personal physician is a fine, dedicated person to whom they turn to with confidence in time of need. But all other M.D.s are lumped together in their minds as a selfish group, concerned with profit, callous to the needs of the public. How did such an "image" come to be accepted by the public? In our opinion it was the result of a deliberate attempt to distort the mental picture of the medical profession in the eyes of laymen. The purpose? To discredit the medical profession's opposition to the socialization of medicine which the social planners, the left wingers, and others have sought to foist upon the American people for more than twenty years.

The true concept or "image" of American Medicine is to be found in what we *are* as evidenced by our deeds. We have labored to give the American people the best medical care that science can devise. We have eliminated M.D. diploma mills. We have increased the standards of medical practice. We have become the mecca for foreign students who seek the highest training in medicine. We have sponsored immunization programs to eliminate infectious diseases such as diphtheria, polio, smallpox, etc. We have advocated highway safety as well as laws to prevent water and air pollution. The pure food and drug laws were passed originally at the instigation of the American Medical Association. We were the leaders in the development of voluntary health insurance and continue to seek ever broader coverage. Individually thousands of physicians have generously and for free given of their time in clinics for the care of the indigent.

There is an old adage, "By their deeds ye shall know them." We submit that the deeds of the medical profession conjures up quite a different idea of American Medicine than that which the social planners have painted. Let us all remember that the contacts each of us make with the public etches a little of the "image" of medicine in the minds of the people. Let us strive to make the "idea of a physician" one of which we can all be proud.—John G. Slevin, M. D., in Detroit Medical News.

Pharmacology of Current Therapeutic Concepts: A Review of the Pharmacology of Digitalis

Thomas D. Darby, Ph. D.

DIGITALIS acts chiefly to (1) increase myocardial contractility, (2) slow conduction and increase the refractory period of conduction tissue and (3) increase myocardial automaticity. Increase in contractility is a basic effect which can be seen with isolated muscle strips and with isolated hearts. Increase in automaticity also is demonstrated in the isolated preparations. Effects on conduction tissue seem to be due largely to an increase in vagal tone most likely caused by a direct effect of digitalis on the cardiovascular centers in the central nervous system.

1. Increased Myocardial Contractility

In a normal, intact heart, the force of contraction is increased but relaxation is diminished. With this resulting in a lesser degree of filling, the output per beat is diminished. A decreased minute output has been demonstrated in normal subjects. In the failing heart, however, both the increased force of contraction and the increased diastolic tone (which returns the dilated heart to a more efficient size) have the effect of increasing substantially the cardiac output. Cardiac output in a failing heart may be almost doubled by digitalization. Simultaneously, there is a decrease in cardiac size (clearly demonstrated by roentgenograms, possibly demonstrated by percussion) and a decrease in venous pressure. With the improvement in circulation there is a corresponding relief of dyspena, disappearance of cyanosis and, usually, removal of edema fluid by diuresis.

2. Slow Conduction and Increased Refractory Period of Conduction Tissue

With atrial fibrillation, the increase in vagal tone is of value in blocking the rapid, irregular impulses which are showered down on the A-V node. The conduction tissue is made more refractory and the ventricles respond with a slower, more efficient rate. Pulse deficiency may be abolished. In a small (20 to 30) per cent of cases, there will be reversion to a normal sinus rhythm with digitalization. Farah and Loomis[1] studied the effects of cardiac glycosides on atrial flutter. Using dogs, the denervated heart following digitalization showed an increase in the effective refractory period, a decrease in conduction velocity and excitability. The flutter is reverted to a sinus rhythm because of the increase in the effective refractory period. In the innervated heart these glycosides can change the atrial flutter to atrial fibrillation. The change is mediated through the vagus since atropine or cutting the vagi promptly reverts the fibrillation to a sinus rhythm. The change from atrial flutter to fibrillation was never observed in 30 vagotomized dogs. These vagal influences are important in consideration of the therapy of atrial fibrillation with other agents. A number of agents such as dihydromorphinone and the barbiturates are vagolytic while morphine and reserpine are vagal stimulants.

Quinidine, a protoplasmic poison whose basic effect on the myocardium is depressant, may abolish atrial fibrillation. Presumably the refractory state which follows the impulse is prolonged sufficiently by quinidine so that the advancing impulse falls on unresponsive tissue and is extinguished. It is a common experience that these effects are associated with a brief period of ventricular tachycardia. Apparently, the atria passing from fibrillation to a normal mechanism go through a stage of atrial flutter, and the ventricle, responding with possibly a 2 to 1 rhythm, is temporarily accelerated over its previous rate. Such a tachycardia may be dangerous to a failing heart as may the direct depressant effect of quinidine on the ventricle. Quinidine, therefore, usually is reserved for cases of atrial fibrillation without decompensation or for use after digitalization. Digitalization protects the ventricular muscle from tachycardia by depressing conduction through the A-V-node.

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3. Extracardiac Effects of Digitalis

The extracardiac effects of digitalis should include diuresis. This has led to suggestions of a direct action of digitalis on the kidney. Most investigators, however, feel that diuresis is secondary to an increase in renal blood flow arising from improved cardiac output and to a decrease in metabolic acidosis associated with improved circulation.

Another possible extracardiac site of action is the liver. There is support for the view that part of the therapeutic benefit of digitalis is due to constriction of vascular sphincters in the liver with damming-back of blood in the portal system. The action is thought to resemble phlebotomy, a time-honored maneuver in congestive heart failure. An extension of this might explain the observation that in prolonged digitalis intoxication hemorrhagic enteritis and intestinal gangrene occasionally develop[2].

4. Automaticity and Conduction Velocity Changes

The pulse rate changes during digitalization are variable. In early stages of digitalization vagal stimulation may be the chief cause of cardiac slowing. ECG changes include reversal of the T-wave and depression of the S-T segment in the early stages of digitalization. These alterations reflect changes in membrane resistance and most likely are due to ionic shifts. There is a loss of potassium from the myocardium and an increase in the uptake of calcium. The increase in myocardial contractility closely follows this ionic shift, the maximal effects of digitalis on the force of contraction of the ventricle occurring at the point of maximal digitalis cupping of the S-T segment without toxic manifestations. Lengthening of the P-R interval is a later effect and may progress to complete A-V block. This change is influenced primarily by vagal tone. It has been suggested that neostigmine can be used as a test for degree of digitalization (0.75 mg. of neostigmine being equal to 0.2 mg. of digitoxin in its effects on A-V conduction). Atropine in large doses has been used to eliminate A-V disassociation and atrial arrest in digitalis toxicity. This procedure would produce tachycardia that is detrimental to the failing ventricle.

A marked sinus bradycardia is not uncommon with digitalis. Other arrhythmias include paroxysmal atrial tachycardia with 2 to 1 block, the occurrence of complete A-V block with atrial fibrillation (this can be suspected when the ventricular rhythm becomes regular during atrial fibrillation), coupling (bigeminal pulse), and multiple ventricular ectopic beats leading to ventricular ectopic tachycardia and finally to fibrillation. ECG effects may disappear in a few days or last for several weeks, depending upon the duration of action of the digitalis preparation used (Table 1). Patients with conduction difficulty such as bundle branch block may be expected to show increased block with digitalis.

Other toxic effects which are due largely to central nervous system effects of digitalis resulting in vagal stimulation include nausea, vomiting, diarrhea and visual disturbances. Cerebral excitation is not uncommon. Nausea and vomiting with digitalis may be due to a local action of the agent. This is not to be confused with toxicity. The local action usually occurs within a few minutes after oral administration; the toxic effects are delayed since they depend on absorption and distribution to the brain.

5. Complications

Complications which can arise from the administration of other drugs with digitalis include the use of phenothiazine tranquilizers that mask the nausea and vomiting toxic effects of digitalis. Diuretics frequently precipitate digitalis toxicity by increasing potassium excretion. This is es-

Table 1

Digitalis Preparations for Oral Use

Preparation	Average Digitalization Dose	Per Cent Absorbed	Daily Per Cent Eliminated	Average Maintenance Daily	How Soon Effect Detected	How Soon Maximal Effect	How Soon Effects Pass Off	Duration of Toxic Effects
Whole leaf	1.8 Gm.	20%	10%	0.1-0.2 Gm.	3-4 hrs.	24 hrs.	2-3 weeks	3-14 days
Digitoxin	1.8-2.0 mg.	100%	7%	0.1-0.2 mg.	2-4 hrs.	12-24 hrs.	2-4 weeks	3-21 days
Digoxin	2.0-3.0 mg.	75%	25%	0.25-0.5 mg.	1-2 hrs.	6 hrs.	2-5 days	1-3 days
Gitalin	5.0-7.0 mg.	50%	25%	0.5 mg.	2-4 hrs.	12 hrs.	1-2 weeks	3-7 days

Digitalis Preparations for Intravenous Use

Ouabain	0.7-1.0 mg.		50%	.....	5-10 min.	1-2 hrs.	24 hrs.	Short
Lanatoside C	1.6 mg.		25%	0.2-0.4 mg. q. 4 hrs.	5-10 min.	1-2 hrs.	24-48 hrs.	24 hrs.
Digoxin	1.5-1.75 mg.		25%	0.25-0.5 mg.	5-10 min.	1-2 hrs.	2-3 days	1-2 days
Digitoxin	1.8-2.0 mg.		7%	0.1-0.2 mg.	1½-2 hrs.	10 hrs.	2-4 weeks	3-21 days

pecially true with the chlorothiazides, and occurs also during corticosteroid administration. The use of quinidine and procainamide in treatment of arrhythmias due to digitalis overdosage proves hazardous since these agents depress the myocardium, cause hypotension, and may abolish idioventricular pacemaker sites in complete A-V block. The administration of $CaCl_2$ in large amounts prior to digitalization can increase the sensitivity to digitalis. Hypocalcemia can result in a decreased response to digitalis. It is most likely to occur after massive transfusions.

6. Use of Potassium and Digitalis

Potassium long has been recognized as a depressant of conduction and contraction in cardiac muscle preparations. Digitalis has been shown to cause a release of potassium from the myocardium. Lown[3] et al. reported that treatment of digitalis intoxication with potassium has several advantages over treatment with antiarrhythmic agents. As previously stated, diuretics frequently precipitate digitalis toxicity by increasing potassium excretion, this being especially true with the chlorothiazides. Since low serum potassium has been blamed for the increased incidence of digitalis toxicity, supplemental potassium frequently is administered in the absence of digitalis toxicity. Liquid potassium triplex should be used since potassium chloride tablets are poorly absorbed from the gastrointestinal tract. The administration of supplemental potassium and the administration of potassium in digitalis toxicity in animals have been shown to have little effect on the contractility response to digitalis. The ECG changes which reflect alterations in ventricular excitability and in conduction velocity were more easily influenced by potassium administration. The vagal influences in digitalis intoxication are quite marked. Potassium administration can enhance the response since the vagal influences are due largely to increased potassium uptake by the cardiac tissues. While supplemental potassium or correction of digitalis toxicity by potassium administration has little effect on the contractile force of the ventricle, the decrease in conduction velocity and the depression of pacemaker activity would lead one to the conclusion that potassium administration with digitalization should be used with the same precautions that are observed in using procainamide and quinidine.

7. Dosage Recommendations with Digitalis

Table 1 lists the average digitalization dose and the daily maintenance dose for several digitalis preparations. It should be remembered that these are guides to adequate digitalization and maintenance dose schedules and do not apply in every case. Digitalis most likely comes as close to the adage as any compound, i.e., that the dose of a compound is enough to produce the desired clinical effects without toxic manifestations.

Digitalis is administered for the relief of congestive heart failure and the amount required to produce the change will vary widely, depending upon the clinical state of the patient. A patient frequently requiring diuretic regimens is likely to be underdigitalized. A patient with nausea and extra systoles is likely to be overdigitalized. The situation in which the therapeutic and toxic doses of digitalis overlap presents a dilemma to the physician. In most cases, however, treatment by means other than digitalization, or administration of additional digitalis frequently can relieve the situation[4].

Correction of electrolyte imbalance, reduction of edema by diuresis, and treatment of hypertension by adequate drug therapy represent a few instances in which drugs other than digitalis can be used effectively and thus provide a wider therapeutic index for the digitalis preparation in the particular case.

It is well to remember that most drug therapy is symptomatic and that unusual symptoms are likely to occur with overdosage or underdosage of a recommended drug in a particular clinical condition.

Since the onset of action is likely to be slow even following parenteral administration, digitalization most likely should be carried out orally. This reduces the likelihood of marked digitalis intoxication. If rapid stimulation of heart force and rate is required in acute failure, then a sympathomimetic amine such as metaraminol or levarterenol should be used since these agents have the desired cardiac stimulating action with rapid onset. Digitalization then can be carried out more slowly.

8. Biological Potency

One USP digitalis unit corresponds to 0.1 Gm. of the powder of crude digitalis. This amount represents approximately 1.3 cat units, a cat unit being the intravenous dose per kg. which kills a cat in about one hour under an arbitrary set of conditions. These figures represent the relation of dose to biological activity. When the digitalis preparations are compared at equal cat unit dosages or equivalent biological dosages, there is little difference in their maximal effect or the required time for onset of action. The major differences are in the duration of biological action, the rate of absorption from the gastrointestinal tract and the excretion rate.

Table 1 shows that larger dosage usually is used for digoxin and gitalin digitalization while the maintenance dose is not as great. The large biological active dose results in a more rapid onset of effect; the toxic level, however, is more closely approached by this method of digitalization. Larger doses of digitoxin will result in a more rapid onset of effect, but increase the likelihood of toxicity. The major difference in the digitalis preparation lies in the rate of elimination and rate of absorption from the gastrointestinal tract.

References

1. Farah, A. & Loomis, T. A.: Action of Cardiac Glycosides on Experimental Auricular Flutter, Circulation 2:742, 1950.
2. Gazes, P. C., Holmes, C. R., Mosley, V. & Pratt-Thomas, H. R.: Acute Hemorrhage and Necrosis of the Intestines Associated With Digitalization, Circulation 23:358, 1961.
3. Lown, B., Wyatt, N. F., Crocker, A. T., Goodale, W. T. & Levine, S.: Interrelationship of Digitalis and Potassium in Auricular Tachycardia With Block, Am. Heart J. 45:589, 1953.
4. Gilbert, R.: A Therapeutic Dilemma, Am. Heart J. 64:284, 1962.

To Physicians in Training

To all physicians in training and especially West Virginia residents: West Virginia is in need of physicians in all categories for rural and urban practice. Any physician desiring information concerning openings in the State can communicate with *The Journal*. *The Journal* will publish free for 6 issues pertinent information concerning any qualified physician who is seeking a location in West Virginia. Single copies of *The Journal* listing practice opportunities will be mailed to physicians upon request.

A roster containing a list of officers of county societies and specialty sections of the West Virginia State Medical Association is available upon request to the headquarters offices. Also, information pertaining to West Virginia licensing laws will be mailed to interested physicians. Interested parties may then write the officers of component societies or sections for further information.

Any other information about West Virginia will be secured from outside sources, if possible, and sent upon request. All letters to *The Journal* will receive individual and immediate attention.

Special Article

West Virginia Doctors in the Civil War

An attempt has been made by the Committee on Medical Research to list all doctors of medicine who served from West Virginia in the Union or Confederate forces during the Civil War years. Since no listing has heretofore been published it is believed that the present Centennial Year of our State offers an excellent time to honor these doctors from West Virginia. All were graduates of medical schools and in practice prior to their military service or during the war years 1861 to 1865.

At the beginning of the war the regular Union Army had 30 surgeons and 83 assistant surgeons and of this group 24 "went South," thus placing the two medical Services on about equal footing.[5] By the war's end, more than 11,000 doctors had served in the Union Army of over two million men and 3,000 doctors aided the Confederate Army of approximately 850,000.[3] The ratio was 1:181 Union and 1:283 Confederate, which appears quite satisfactory and numerically demonstrates the ample supply of doctors in the United States at that time.

In the western Virginia counties which comprise the present state of West Virginia, the doctors responded to the military needs as was typical in the border states of Maryland, Kentucky and Missouri which remained in the Union yet supplied troops to both North and South. The doctors chose according to their own strong beliefs and it was common for doctors from the same county or town to go their different ways just as the soldiers of the border states chose their sides in 1861.

Altogether, 135 West Virginia doctors served in the armed forces of the North and South and five died or were killed in service during the war. The usual procedure of "joining up" was to sign enlistment papers as surgeon or assistant surgeon of a newly organized regiment being recruited in a particular area and to proceed and serve with the unit. When the unit was reorganized by reason of decimation or termination of enlistment, the surgeon would sometimes be assigned to another unit or to a hospital or would retire from service for such reasons as illness, family hardship, etc.[1] Thus a doctor might serve in one or more Army or Navy Units or in hospitals during his military career. For this reason it would seem advisable in the following lists to designate the unit in which the doctor performed the most service. In some areas the doctors became contract surgeons and served units stationed near their homes.

COMMITTEE ON MEDICAL RESEARCH

- **The Council of the West Virginia State Medical Association approved the appointment of a special Committee on Medical Research in 1961. The following physicians are members of the Committee:**

Howard G. Weiler, M. D., Wheeling, Co-Chairman

James C. Hazlett, M. D., Wheeling, Co-Chairman

Randolph L. Anderson, M. D., Charleston

J. Russell Cook, M. D., Huntington

West Virginia Physicians Who Served In The Confederate Army

Cyrus Alexander, Hampshire County*
Asst. Surgeon, 62nd Virginia Cavalry Regiment

Benjamin W. Allen, Kingwood
Surgeon, CSA General Hospital in Virginia

George Armstrong, Barbour County
Surgeon, 25th Virginia Infantry Regiment

Charles N. Austin, Ripley
Surgeon, 22nd Virginia Infantry Regiment

Samuel H. Austin, Ripley
Asst. Surgeon, 20th Virginia Cavalry Regiment

A. R. Barbee, Pt. Pleasant
Surgeon, Col. of 22nd Virginia Infantry Regiment

W. L. Barksdale, Lewisburg
Surgeon, 19th Virginia Cavalry Regiment

W. H. Barnes, Moorefield*
Surgeon, 25th Virginia Infantry Regiment

Isiah Bee, Princeton
Surgeon, 17th Virginia Cavalry Regiment

*Home town or county uncertain.

R. H. Bell, Summersville
Surgeon, CSA General Hospital in Virginia

Harvey Black, Greenbrier County*
Surgeon, 31st Virginia Infantry Regiment

W. J. Bland, Clarksburg
Surgeon, 31st Virginia Infantry Regiment

John W. Bosworth, Tucker County*
Surgeon, 31st Virginia Infantry Regiment

Smith Buttermore, Lewis County*
Surgeon, 31st Virginia Infantry Regiment

William Campbell, Sinks Grove
Surgeon, 22nd Virginia Infantry Regiment

George A. Craeraft, Triadelphia
Surgeon, 19th Virginia Cavalry Regiment

Isaac Creed, Lewisburg
Surgeon, 22nd Virginia Infantry Regiment

Thomas Creigh, Lewisburg
Surgeon, 22nd Virginia Infantry Regiment

Robert Wood Dailey, Romney
Surgeon, General Hospital, Lexington, Virginia

Charles Egan, Marlinton*
Surgeon, 19th Virginia Cavalry Regiment

William French, Pt. Pleasant
Surgeon, CSA General Hospital in Virginia

Thomas A. Harris, Parkersburg
Surgeon, CSA General Hospital in Virginia

M. H. Houston, Wheeling
Surgeon, CSA General Hospital in Virginia

John T. Huff, Parsons
Surgeon, Inspecting Surgeon Virginia Hospitals

John Dice Johnson, Franklin
Surgeon, 25th Virginia Infantry Regiment

John Ligon, Clover Lick
Surgeon, 19th Virginia Cavalry Regiment

George McDonald, Ronceverte*
Surgeon, 22nd Virginia Infantry Regiment

A. B. McGinnis, Guyandotte
Surgeon, 17th Virginia Cavalry Regiment

James W. McSherry, Martinsburg
Surgeon, 36th Virginia Infantry Regiment

A. S. Miller, Sweet Springs*
Surgeon, 25th Virginia Infantry Regiment

Presley B. Ogden, Fairmont
Surgeon, Col. Johnson Regiment Virginia Infantry

Alfred S. Patrick, Charleston
Surgeon, 22nd Virginia Infantry Regiment

J. W. Ramsey, Clarksburg
Asst. Surgeon, Virginia Infantry (Captured 1863 and paroled to Clarksburg)

J. W. Stalnaker, Guyandotte*
Surgeon, 36th Virginia Cavalry Regiment

S. R. Swan, Charleston
Surgeon, 22nd Virginia Cavalry Regiment

James Templeton, Jefferson County*
Surgeon, 36th Virginia Cavalry Regiment

Opie Thomas, Randolph County*
Surgeon, 25th Virginia Infantry Regiment

W. J. Thompson, Berkeley Springs
Surgeon, 19th Virginia Cavalry Regiment

J. F. Watkins, Charleston
Surgeon, 36th Virginia Cavalry Regiment

Isaac White, Shawville
Surgeon, 31st Virginia Infantry Regiment

B. F. Wilson, Crab Orchard
Surgeon, 31st Virginia Infantry Regiment

R. W. Wilton, Lewis County*
Surgeon, 36th Virginia Cavalry Regiment

John Bolling Wily, Gerrardstown
Surgeon, 20th Virginia Infantry Regiment

John L. Woodville, Sweet Springs
Surgeon, 7th Virginia Infantry Regiment

M. F. Wright, Burlington
Surgeon, 7th Virginia Infantry Regiment

Fielding H. Yost, Morgantown
Surgeon, CSA Hospital, Monterey, Virginia

West Virginia Physicians Who Served In The Union Army

D. R. Ackley, Ceredo
Surgeon, 4th West Virginia Infantry Regiment

David Baguley, Wheeling
Surgeon, 1st West Virginia Infantry Regiment

Charles A. Barlow, Guyandotte*
Surgeon, 7th West Virginia Cavalry Regiment

T. H. Barton, Kanawha County*
Surgeon, 4th West Virginia Infantry Regiment

Jonathan P. Blair, Buckhannon
Surgeon, 10th West Virginia Infantry Regiment

Erwin D. J. Bond, Davisville
Surgeon, 11th West Virginia Infantry Regiment

Isaac W. Bouse, Buckhannon
Asst. Surgeon, 10th West Virginia Infantry Regiment

Hugh W. Brock, Blacksville
Asst. Surgeon with General Sheridan, Winchester, Virginia

James H. Brownfield, Fairmont
Asst. Surgeon, 14th West Virginia Infantry Regiment

Sampson P. Bryan, Academy
Surgeon, 12th West Virginia Infantry Regiment

John C. Campbell, Wheeling
Asst. Surgeon, 12th West Virginia Infantry Regiment

Henry Capehart, Wheeling
Surgeon, 1st West Virginia Cavalry Regiment

John D. M. Carr, Wheeling
Surgeon, 1st West Virginia Infantry Regiment

Lucius L. Comstock, Charleston
Surgeon, 7th West Virginia Cavalry Regiment

Charles D. Dalley, Ceredo*
Asst. Surgeon, 5th West Virginia Infantry Regiment

Aaron W. Davis, Murrayville
Surgeon, 3rd West Virginia Cavalry Regiment

Dennis B. Dorsey, Morgantown
Surgeon, 6th West Virginia Cavalry Regiment

Robert G. Dovener, Newark
Asst. Surgeon, 15th West Virginia Infantry Regiment

John English, Clinton
Surgeon, 1st West Virginia Infantry Regiment

Hiram D. Enochs, Ohio County
Asst. Surgeon, 1st West Virginia Cavalry Regiment

Andrew Fansler, Hendricks
Surgeon, USA General Hospital in Virginia

John Frissell, Wheeling
Surgeon, 12th West Virginia Infantry Regiment

Sample Ford, Wheeling
Surgeon, 5th West Virginia Cavalry Regiment

George C. Gans, Webster County*
Surgeon, 10th West Virginia Infantry Regiment

Perrin Gardner, Wood County
Surgeon, 1st West Virginia Cavalry Regiment

Nicholas Gibson, Braxton County
Surgeon, USA General Hospital in Virginia

Edward L. Gilliam, Letart
Surgeon, 2nd West Virginia Cavalry Regiment

James L. Gillespie, Sistersville
Asst. Surgeon, 1st West Virginia Infantry Regiment

William L. Grant, Grafton
Surgeon, 9th West Virginia Infantry Regiment

Moses S. Hall, Harrisville
Surgeon, 10th West Virginia Infantry Regiment

Silas W. Hall, Jane Lew
Surgeon, Military Hospital at Harpers Ferry

Thomas Maley Harris, Harrisville
Surgeon, Col. of 10th West Virginia Infantry Regiment (Later Brig. General)

Robert W. Hazlett, Wheeling
Surgeon, 5th West Virginia Cavalry Regiment

Wilson T. Hicks, Rosby Rocks
Surgeon, 7th West Virginia Infantry Regiment

James F. Howe, Pleasants County*
Asst. Surgeon, 15th West Virginia Infantry Regiment

James H. Hysell, Guyandotte
Asst. Surgeon, 9th West Virginia Infantry Regiment

James J. Johnson, Wirt County*
Asst. Surgeon, 15th West Virginia Infantry Regiment

James Emory Kendall, Parkersburg
Asst. Surgeon, 11th West Virginia Infantry Regiment

D. W. Kilmer, Marshall County*
Surgeon, 16th West Virginia Infantry Regiment

A. W. D. Kraft, Ohio County*
Surgeon, 1st West Virginia Infantry Regiment

Jacob Lallance, Cottageville
Surgeon, 13th West Virginia Infantry Regiment

Galelma Law, Lewis County
Surgeon, 6th West Virginia Cavalry Regiment

James W. Lazzelle, Morgantown
Surgeon, Prison Hospital, Camp Chase, Ohio, 1864-65

Eli N. Love, Waterford
Surgeon, 5th West Virginia Cavalry Regiment

James H. Manown, Kingwood
Surgeon, 14th West Virginia Infantry Regiment

Daniel Mayer, Charleston
Asst. Surgeon, 5th West Virginia Infantry Regiment

Matthew McEween, Harrison County*
Surgeon, 2nd West Virginia Cavalry Regiment

Richard L. Meers, Wirt County*
Asst. Surgeon, 1st West Virginia Infantry Regiment

Theodore Millspaugh, Upshur County*
Asst. Surgeon, 5th West Virginia Cavalry Regiment

Jonathan Morris, Ceredo*
Surgeon, 9th West Virginia Infantry Regiment

Thomas Morton, Preston County*
Surgeon, 3rd West Virginia Cavalry Regiment

John W. Moss, Braxton County*
Surgeon, 14th West Virginia Infantry Regiment

Thomas S. Neal, Ritchie County*
Surgeon, 2nd West Virginia Cavalry Regiment

Alexander Neil, Hancock County*
Surgeon, 12th West Virginia Infantry Regiment

Ozias Nellis, Gilmer County*
Surgeon, 10th West Virginia Infantry Regiment

John R. Nickel, Wood County*
Surgeon, 1st West Virginia Cavalry Regiment

William Osman, Marion County*
Surgeon, 16th West Virginia Infantry Regiment

Benoni Parkinson, Morgantown*
Surgeon, 17th West Virginia Infantry Regiment

Frederick H. Patton, West Union*
Surgeon, 12th West Virginia Infantry Regiment

John R. Philson, Kanawha County*
Surgeon, 4th West Virginia Infantry Regiment

David S. Pinnell, Sycamore Grove
Surgeon, 3rd West Virginia Cavalry Regiment

James Putney, Wood County*
Surgeon, 7th West Virginia Cavalry Regiment

James H. Ramsey, Brooke County*
Asst. Surgeon, 17th West Virginia Infantry Regiment

Peras R. Randall, Ceredo*
Asst. Surgeon, 5th West Virginia Infantry Regiment

Timothy W. Ross, Monongalia County*
Asst. Surgeon, 7th West Virginia Infantry Regiment

James H. Rouse, Kanawha County*
Asst. Surgeon, 7th West Virginia Cavalry Regiment

Dwight Ruggles, Marion County*
Asst. Surgeon, 12th West Virginia Infantry Regiment

Erasmus D. Safford, Roane County*
Asst. Surgeon, 6th West Virginia Infantry Regiment

Issac Scott, Parkersburg
Surgeon, 7th West Virginia Infantry Regiment

David Shanor, Wood County*
Surgeon, 6th West Virginia Infantry Regiment

Samuel G. Shaw, Pt. Pleasant
Surgeon, 13th West Virginia Infantry Regiment

Louis V. Stanford, Morgantown*
Surgeon, 7th West Virginia Cavalry Regiment

David L. Starr, Wood County*
Surgeon, 15th West Virginia Infantry Regiment

Additional Information Sought

The Committee on Medical Research and *The Journal* will be glad to receive additional information about physicians listed in this article, or about those that may have been overlooked.

William Stewart, Braxton County*
Asst. Surgeon, 17th West Virginia Infantry Regiment

S. B. Stidger, Moundsville
Surgeon, 1st West Virginia Infantry Regiment

Charles A. Thacher, Greenbrier County
Asst. Surgeon, 14th West Virginia Infantry Regiment

Abel H. Thayer, Grafton
Surgeon, 6th West Virginia Cavalry Regiment

Joseph Thoburn, Wheeling
Surgeon, Col. of 1st West Virginia Infantry Regiment

Ebenzer C. Thomas, Moundsville
Surgeon, 6th West Virginia Cavalry Regiment

Arthur Titus, Marshall County*
Surgeon, 1st West Virginia Cavalry Regiment

Andrew D. Voorheis, Parkersburg
Surgeon, 11th West Virginia Infantry Regiment

Homer C. Waterman, Logan County*
Asst. Surgeon, 2nd West Virginia Infantry Regiment

Walter S. Welch, Brooke County*
Asst. Surgeon, 14th West Virginia Infantry Regiment

John T. Wharton, Ceredo
Surgeon, 6th West Virginia Infantry Regiment

Albert P. Wheeler, Parkersburg
Surgeon, 6th West Virginia Infantry Regiment

Arthur White, Ohio County*
Surgeon, 1st West Virginia Cavalry Regiment

Abraham D. Williams, Pt. Pleasant*
Asst. Surgeon, 13th West Virginia Infantry Regiment

James A. Williamson, Wirt County*
Surgeon, 11th West Virginia Infantry Regiment

William M. Worthington, Braxton County*
Surgeon, 10th West Virginia Infantry Regiment

West Virginia Physicians Who Died In The Civil War

Charles A. Barlow, USA
February, 1863, Fort Scott, Kansas

J. W. Moss, USA
Petersburg, Virginia, 1863

S. R. Swan, CSA
Norfolk, Virginia, 1862

Joseph Thoburn, USA
Cedar Creek, Virginia, 1864

B. F. Wilson, CSA
Barbour County, West Virginia, 1863

Acknowledgment

The Committee acknowledges with much appreciation the assistance of the following persons:

Mrs. E. M. Ashworth, Librarian, West Virginia State Department of Archives and History, Charleston.

Mr. Jim Comstock, the *West Virginia Hillbilly*, Richwood.

Dr. Roy Bird Cook (deceased), Charleston.

Mr. Boyd B. Stutler, the *West Virginia Encyclopedia*, Charleston.

The 323 doctors of the West Virginia State Medical Association who supplied valuable information about our subject.

References

1. Adjutant General of W. Va., Annual Report of 1864, Wheeling, W. Va., 1865.
2. Annual Report, State Board of Health of W. Va., 1881, 1882, 1883, 1884, Wheeling, W. Va.
3. Roster of Regimental Surgeons, U. S. Pension Office, 1882, N. A. Strait, Washington, D. C., 1882.
4. Polk's Medical and Surgical Directory of the U. S., 1885, Detroit, P. L. Polk, 1886.
5. University of Pennsylvania Medical Alumni in the Civil War, School of Medicine, Volume II, No. 1, Spring 1961.

The Weaker Sex

A popular comedian has discovered why women live longer than men. They don't marry women. While we wouldn't consider it proper to give this explanation editorial credence, it does emphasize a fact of which even the laity is fully cognizant—the difference in longevity between the human male and female. Nature apparently endowed the female of the species with this special gift of life for good and sufficient reasons. The growing disparity in the numbers of elderly males and females in the population was not always a factor to be reckoned with. The hazards of childbirth, the burdens of childbearing, and the hard life of early times bore more heavily upon the female than upon the male. The gravestones in olden times bore testimony to this. It was not uncommon for the head of the family to outlive several good and faithful wives, and withal to die a widower.

Perhaps in these inherited sexual differences lies the secret to the prolonging of life. It is well recognized that women seldom have coronary occlusion before the menopause. Males are more prone than females to carcinoma of the lung, and carcinoma of the esophagus. Even though in other instances the preponderance is reversed, the net result of all sexual differences in degenerative disease is an appreciable advantage in favor of the female. Now that medical science has begun to unravel the complexities of steroid chemistry and physiology and to unlock the secrets of nuclear genetics and chemistry, perhaps causes of the disparity will be discovered and put to good use.—Rhode Island Medical Journal.

The President's Page

West Virginia Taxpayers—Stop, Look and Listen

It has been gratifying indeed to observe the enthusiastic manner in which physicians have condemned Fedicare legislation during meetings of county societies throughout the State. It is for this reason that I do not believe we can fail in our efforts to defeat this type of legislation. The road to success will be through the avenues of approach as recommended in "Operation Hometown." If you have not been contacted to do your share of work, then call your county chairman and ask what you can do. No one should shirk his duty; all are needed in this fight to preserve not only our medical freedom but to conserve our American way of life. We must not allow a few professional vote getters, through their scheming and lying tactics, to gain control of this land of ours.

There is no better way to combat our enemies than to tell the people the truth. The basic facts which defeated Fedicare in 1962 still are basic facts today. In addition we should hammer home to the people of West Virginia just what it would cost for this program, which is absolutely unnecessary. Tell them West Virginia taxpayers would pay $10,800,000 more in Social Security taxes and $1,800,000 in general revenue taxes the first year alone if King-Anderson Fedicare legislation is enacted into law by the 88th Congress. Tell them these figures are based on the Administration's estimate of what it would cost for this aged health proposal. Insurance actuaries, however, believe it would cost twice as much. Tell them these figures are only for the first year and it would be even more staggering as the number of beneficiaries increase.

Enlighten West Virginia citizens further by telling them the taxable wage base would be boosted from $4,800 to $5,200 and that wage earners making $5,200 or more a year would pay $27.50 in additional taxes, and his employer a like amount for a total of $55. This would be a 16 per cent tax increase. You might also remind these West Virginia taxpayers that they are now paying $174 in Social Security taxes; further, Social Security hikes already scheduled to go into effect in 1966 and 1968 will boost this figure to $222. If King-Anderson becomes law it will total $253.50.

You also can point out that West Virginia workers paid $64,900,000 in Social Security taxes in 1961 and will pay $88,300,000 in 1965; but, if the King-Anderson bill is passed West Virginia citizens would pay $97,300,000 in Social Security taxes. Don't forget the additional $1,800,000 in general revenue taxes that also would have to be paid.

Then ask them, "What is the reason behind this tremendous increase in taxes?" Tell them they would be paying additional taxes for a wasteful, extravagant, poorly conceived and unnecessary program. Such a program would force higher payroll taxes on workers and employers to finance a compulsory, regimented system of government-controlled hospital care for all citizens over the age of 65 regardless of ability to pay, rich and poor alike.

Why shouldn't we let West Virginia taxpayers know that if our State Legislature would appropriate sufficient funds annually to properly finance our present Kerr-Mills program, we would have a much better hospital and medical care program for our needy aged at far less cost to our citizens.

Tell the West Virginia taxpayers to think about it.

L. J. Pace, M. D., President

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Official Organ of the West Virginia State Medical Association

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EDITORIALS

LET'S KEEP OUR YOUNG PHYSICIANS IN WEST VIRGINIA

The West Virginia University School of Medicine has now graduated its second class of physicians, and we are reminded once again of the trend of our young physicians to migrate beyond the locale of their Alma Mater. The publication of the selection of internships of these young men and women gave some of us a slight chill because, of the 43 physicians, only 14 chose internships in West Virginia.

In reference to the Directory on Approved Internships by the Council on Medical Education and Hospitals of the American Medical Association, it can be seen easily that many of the out-of-state hospitals chosen by our graduates have no better facilities or teaching programs than our West Virginia institutions.

There is no criticism of the graduate physician who chooses to go where he wishes, but one wonders if the advantages of West Virginia hospitals have been adequately presented to the senior student by the medical directors of our better hospitals; or, do our West Virginia hospitals prefer out-of-state interns? The 1962 Directory shows that one-fourth of our approved internships and residencies are filled by graduates of American medical schools, another one-fourth with foreign graduates, and 50 per cent of hospital positions are vacant.

We are all aware that some medical graduates in training elsewhere will find green and permanent pastures and, with a scarcity of physicians in all areas of West Virginia, this response is concerned with ways and means to present to the intern or senior student the advantages of medical practice in West Virginia.

To this end, the Harrison County Medical Society, assisted by the women of the Auxiliary, entertained 30 students and 27 wives recently at one of the regular society meetings in Clarksburg. The students were indoctrinated with the quality of local hospitals, the caliber of schools in the area, the many activities now under way to develop local industries and secure new business, and the character, ethics and harmony of medical practice in the area. The students were invited to return at any time to visit local physicians in general or specialty practice.

It is hoped that this instruction will help to neutralize the effects of local and national depression propaganda, and will instill in some students a desire for further investigation.

The Liaison Committee of the West Virginia State Medical Association expects to supply each component society with names of all medical students from the society area. The local societies are asked to take a personal interest in local students and medically adopt them so that the students may be aware of practice opportunities in their area.

The medical student and hospital physician will be presented many offers of practice during his or her training. West Virginia hospitals, physicians, and the county and state medical associations will require renewed effort and greater persuasion to keep our young men and women in their native land.

TENURE OF MEDICAL DEANS

Recently a "datagram" distributed by the Association of American Medical Colleges presented data to show that the average tenure of the present United States Medical School deans is approximately 7 years. The median tenure is given as a little over 5 years. The information was obtained from the deans of 83 medical schools; these men all had received appointments prior to September 30, 1962.

Sixty-three per cent of the current deans were appointed from within the institutions they now serve. Eleven per cent of the deans held previous appointments in other medical schools. Twenty-three per cent had held their present position ten years or more.

It is of interest that the tenure of medical deans at West Virginia University has been long. The first dean, John N. Simpson, M. D., served from 1902-1935; he was followed by Edward J. Van Liere, Ph.D., M. D., who served from 1935-1961. The present incumbent is Clark K. Sleeth, M. D., who has been dean since January 1, 1961.

A reasonably long tenure in the deanship is probably desirable since it provides a continuity and a stability to the educational policies of the school. Furthermore, ample time is needed if physicians of the state are to become acquainted with the dean and to develop an effective working relation with him.

A recent survey[1] revealed that the average tenure of current university and college presidents was 8.1 years. Therefore, their tenure is somewhat longer than medical school deans.

It was mentioned previously that probably on the whole a long tenure for medical school deans is desirable. It may be, too, that the same applies for college presidents. There is a school of thought which holds a somewhat different view. This has been expressed well by Dr. Lawrence A. Kimpton, former president of the University of Chicago. He has written: ". . . the head of a university can do his most effective work for it within a reasonably short time. Universities require changing leaders who can apply fresh and sharply objective appraisals, starting anew, free of the association, friendships, and scars of common struggles. Commitments to ideas and goals become unconsciously grooved . . ."[2]

The role of a president of a university is, of course, somewhat different from that of a dean of a college, because the former is responsible for a number of colleges. Perhaps the philosophy expressed so ably by Doctor Kimpton does not wholly apply to a medical school dean. Be that as it may, a medical school dean holds a responsible position and carries a heavy load. He must foster teaching, research and medical care, and he must keep alive to continual changes in these fields. He must also keep in touch with the medical profession in the state. In order to carry out his policies successfully it probably is rather essential that he has tenure for an appreciable number of years.

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1. Selden, W. K., *How Long Is a College President?* Liberal Education, 46: No. 1, Washington: Association of American Colleges, 1960.
2. Kimpton, L. A., Tower Topics, May, 1960.

New Drug Advertisements

Will this (new drug) law and the regulations hurt journal advertising? It is difficult at this point for me to give a categorical answer to this question. Certainly, we are not going to stop advertising.

The requirement that we give a brief summary relating to side effects, contraindications and effectiveness will not deter manufacturers from advertising provided the regulations are reasonable. However, there is one respect in which I am afraid all advertising will be affected. Our largest advertising budgets are devoted to the promotion of new products. In my opinion, present administrative procedures and the requirements of the new law will indisputably slow down the development and marketing of new drugs, which means that each year we will have fewer new drugs to advertise.

However, as an offset against this, having invested more in the development of a new drug, we will be willing also to invest more in its promotion because we can't take a chance of faltering in this final payoff step. And, it is entirely possible that the net effect on journal advertising will be unchanged in the long run. Theodore G. Klumpp, M. D., in Rocky Mountain Medical Journal.

The Truth About Side Effects

It would be difficult to name a major drug with no side effects . . . no response other than that for which it is prescribed. Sometimes side effects may be beneficial. More often, they are merely undesirable.

The responsibility of the manufacturer is to do everything possible to minimize unwanted reactions. And at the same time, he is absolutely obligated to provide full information about a product, so that the doctor can make his own professional judgment in the treatment of patients.—John T. Connor, President, Merck & Co., to American Hospital Association.

GENERAL NEWS

Plans Nearing Completion for Annual Meeting at The Greenbrier

Two prominent physicians from the Mayo Clinic have accepted invitations to participate in a program devoted to "Medical Care of the Adolescent" during the 96th Annual Meeting of the West Virginia State Medical Association at The Greenbrier in White Sulphur Springs, August 22-24.

Alvin B. Hayles, M. D.

Edward M. Litin, M. D.

Dr. Henry F. Warden, Jr., of Bluefield, Chairman of the Program Committee, announced that Drs. Edward M. Litin and Alvin B. Hayles will be the speakers at the session which has been arranged for Saturday morning, August 24.

Doctor Litin, who is Head of the Section of Psychiatry of the Mayo Clinic, will discuss the emotional aspects of adolescent medicine, and Doctor Hayles will cover the physical and more specifically the endocrine aspects of adolescence. Doctor Hayles is a Consultant in the Section of Pediatrics at the Mayo Clinic.

Doctor Warden announced that there will be a question and answer period, with full audience participation, following the formal presentation of papers.

Edward M. Litin, M. D.

Doctor Litin was born in Minneapolis and was graduated from the University of Minnesota. He received his M. D. degree in 1945 from the University of Minnesota School of Medicine and served an internship at the University of Utah Hospitals, 1945-46.

He served as a Captain in the Medical Corps of the United States Army, 1946-48. He accepted a fellowship in psychiatry at the Mayo Foundation in 1948 and was appointed a first assistant in psychiatry in 1950, and assistant to the staff of the Mayo Clinic in 1951. He was appointed to the staff of the Mayo Clinic as a consultant in psychiatry in 1952.

He is certified by the American Board of Psychiatry and Neurology and he was named Head of the Section on Psychiatry of the Mayo Clinic on April 1, 1963.

Doctor Litin, who also serves as an instructor in psychiatry in the Mayo Foundation Graduate School, University of Minnesota, has maintained a special interest in child psychiatry and has contributed to the literature in this field.

He is a member of the Minnesota State Medical Association, American Medical Association and the American Psychiatric Association. He is currently serving as President of the Rotary Club of Rochester.

Alvin B. Hayles, M. D.

Doctor Hayles was born in Atmore, Alabama, and was graduated in 1937 from Spring Hill College in Spring Hill, Alabama.

He received his M. D. degree in 1941 from the Washington University School of Medicine in St. Louis and he served internships at St. Louis City Hospital and the U. S. Naval Hospital at Great Lakes, Illinois. He served with the Medical Corps of the United States Navy during World War II and he held the rank of Lt. Commander at the time of his return to civilian life.

He served as a Fellow in pediatrics at the Mayo Foundation in 1947 and was appointed a first assistant in pediatrics in 1949. He was certified by the American Board of Pediatrics in 1950 and that same year he entered private practice in Lincoln, Nebraska.

Doctor Hayles was appointed to the staff of the Mayo Clinic in 1952 as a consultant in the Section of Pediatrics. In 1953 he was named an instructor in pediatrics in the Mayo Foundation Graduate School, University of Minnesota, and he was advanced to assistant professor in 1957.

He is currently serving as Chairman of the Committee on Medical Relations and Publications of the Mayo Clinic, and he is a member of the Minnesota State Medical Association, American Medical Association, the American Academy of Pediatrics and the American Endocrine Society.

Plans for General Sessions Completed

Plans for the three general scientific sessions have been completed. The first session on Thursday morning, August 22, has been designated as "WVU School of Medicine Day," and the following members of the

Dr. N. H. Dyer, left, State Director of Health, presents a West Virginia Public Health Association award to Dr. D. A. MacGregor of Wheeling in recognition of his many contributions to public health in the State.

faculty will participate in a symposium on "Neoplastic Disease in the Chest":

Dr. Alvin L. Watne, Associate Professor of Surgery, Chief of the Cancer Committee and Director of the Tumor Clinics; Dr. Charles E. Andrews, Associate Professor of Medicine; Dr. Harold I. Amory, Professor and Chairman of the Department of Radiology; Dr. Richard A. Currie, Assistant Professor of Surgery; Dr. Norman W. B. Craythorne, Associate Professor of Surgery and Chairman of the Division of Anesthesiology; and Dr. Victor M. Napoli, Assistant Professor of Pathology.

Speakers at the second session on Friday morning will be Dr. Charles A. Doan of Columbus, Dean Emeritus and Director of the Division of Hematology at the Ohio State University College of Medicine; Dr. Douglas M. Haynes, Professor and Chairman of the Department of Obstetrics and Gynecology at the University of Louisville School of Medicine; and Dr. Edward S. Judd, Head of a Section of Surgery at the Mayo Clinic.

Section Meetings

Several of the guest speakers have also accepted invitations to appear on programs being arranged by the Association's sections and affiliated societies which will be held afternoons during the three-day meeting.

The pre-convention meeting of the Council will be on Wednesday afternoon, August 21, and the first session of the House of Delegates will be held that evening. Dr. L. J. Pace of Princeton, the President, will deliver his Presidential Address before the second session of the House of Delegates on Saturday afternoon, August 24.

Additional information concerning the program will appear in the July issue of *The Journal*. The complete program will be published in the Convention Number in August.

Dr. D. A. MacGregor of Wheeling Honored by Public Health Assn.

Dr. D. A. MacGregor of Wheeling, a past president of the West Virginia State Medical Association, was honored recently by the West Virginia Public Health Association for "outstanding and meritorious achievement in the field of public health in West Virginia."

Doctor MacGregor, a member of the State Board of Health, received the award at the 39th annual meeting of the Association held at the Daniel Boone Hotel in Charleston, May 1-3.

He is a native of Escanaba, Michigan, and was graduated from Yale University. He received his M. D. degree in 1913 from the Western Reserve University School of Medicine and served an internship at Lakeside Hospital in Cleveland, 1913-14.

Headed Association in 1933

Doctor MacGregor was a charter member of the Wheeling Clinic in 1924 and was president of the West Virginia State Medical Association in 1933. He was first appointed to the State Board of Health in 1951 by Governor Okey L. Patteson. He is a Diplomate of the American Board of Internal Medicine, a Fellow of the American College of Physicians and former Governor of the West Virginia Chapter, ACP.

The Association also presented awards to Mr. F. Ray Power of Charleston, director of the State Division of Vocational Rehabilitation, and Mrs. Daisy Early of Welch for her work with the handicapped.

More than 300 persons attended this year's Conference. The theme for the three-day meeting was "Balancing Old and New Programs in Public Health This Centennial Year."

One of the features of the program was a panel discussion on "Tuberculosis Programs and Activities in West Virginia." Dr. J. J. Lawless of Morgantown served as moderator and several physicians participated as members of the panel.

New Officers Named

Mr. William H. Lively of Charleston, Executive Secretary of the West Virginia State Medical Association, was installed as president of the Public Health Association.

Mr. James C. Rosencrance of Charleston, a chemist with the Sanitary Engineering Division of the State Department of Health, was named president elect; and Roger P. Elser of Charleston and Mrs. Delores Summers of South Charleston, were elected vice president and treasurer, respectively.

Mr. Robert Simons of Charleston, Executive Director of the West Virginia Heart Association, was elected a Member-at-Large to the Executive Council. Holdover members are Drs. Gerald R. Guinc and N. Allen Dyer, both of Charleston.

Dr. B. S. Brake of Clarksburg was named the Association's delegate to the American Public Health Association, and the alternate is Dr. M. A. Viggiano of New Martinsville.

The executive secretary of the organization is Mrs. Katherine L. Brown of Charleston.

'Operation Hometown' Meeting Held In Charleston on May 5

Physicians representing county medical societies throughout the State attended a meeting held in Charleston on May 5 for the purpose of discussing implementation of the medical profession's legislative campaign entitled "Operation Hometown."

"Operation Hometown" will be carried out at the county society level throughout the country to offset the mounting pressure for King-Anderson legislation in the 88th Congress. Hearings on the measure will be conducted by the House Ways and Means Committee later this month or early in July.

Dr. L. J. Pace of Princeton, President of the State Medical Association, presided at the one-day meeting. In attendance were presidents of component societies and physicians named by Doctor Pace to serve as chairmen of compaigns on the local level. The meeting also was attended by Mrs. Pat A. Tuckwiller of Charleston, President Elect of the Woman's Auxiliary to the State Medical Association, and Mrs. George A. Curry of Morgantown, Chairman of the Legislative Committee of the Auxiliary.

Mr. Harry Hinton, AMA Field Representative, outlined the operation of the campaign and conducted a question and answer period. A film, with a message from Dr. Edward R. Annis, AMA President Elect, was shown. Doctor Annis outlined in detail the manner in which the campaign is to be conducted by physicians on the local level.

Annual B-R-T Postgraduate Session In Elkins on June 20

Four out-of-state physicians will appear as guest speakers at the annual postgraduate meeting of the Barbour-Randolph-Tucker Medical Society which will be held at the Elks Country Club near Elkins on Thursday, June 20.

Dr. Donald M. Burke of Elkins, Chairman of the Program Committee, announced that the scientific session will begin at 1:30 P. M. The speakers and their subjects will be as follows:

"The Surgical Treatment of Diseases of the Aorta and Great Vessels."—Henry T. Bahnson, M. D., Professor of Surgery, University of Pittsburgh School of Medicine.

"The Battered Child Syndrome."—Thomas McHenry, M. D., Pediatrician, Pittsburgh.

"Progress in the Control of Measles and German Measles."—Victor J. Cabasso, Sc. D., Head of the Virus Immunological Research Department of Lederle Laboratories, Pearl River, New York.

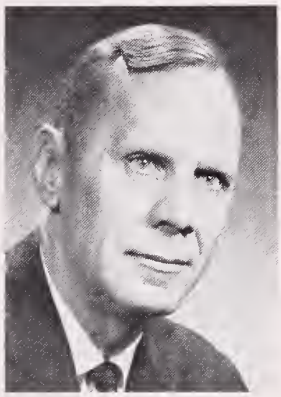
"Acquired Intrauterine Disease." — James B. Arey, M. D., Pathologist, St. Christopher's Hospital for Children, Philadelphia.

There will be a social hour at 5:30 and the banquet will follow at 6:30. The name of the speaker will be announced at a later date.

A cordial invitation has been extended to West Virginia physicians to attend the meeting. Interested physicians should contact the Chairman of the Banquet Committee, Dr. Herman Seltz, Box 50, Elkins, West Virginia.

Dr. Paul A. Miller Honor Guest At 96th Annual Meeting

Dr. Paul A. Miller, President of West Virginia University, will be among the honor guests at the 96th Annual Meeting of the West Virginia State Medical Association at The Greenbrier in White Sulphur Springs, August 22-24.



Dr. Paul A. Miller

Dr. Henry F. Warden, Jr., of Bluefield, Chairman of the Program Committee, announced that Doctor Miller had accepted an invitation to appear as a guest speaker prior to the opening of the first general scientific session on Thursday morning, August 22.

The first session has been officially designated as "West Virginia University School of Medicine Day" and will be devoted to a symposium on "Neoplastic Disease in the Chest."

Doctor Miller was born in East Liverpool, Ohio, but spent the greater part of his early life in West Virginia. He received his B. S. degree in Agriculture from West Virginia University in 1939 and, as an undergraduate, captained the University boxing team and was elected to Mountain, ranking honorary organization for University men.

During World War II, he served as a First Lieutenant in the United States Army Air Corps and saw foreign service with the Air Transport Command in South America, North and Central Africa and India.

Following the war, Doctor Miller went to Michigan State University to begin a stay which lasted until his appointment as President of West Virginia University. He received his Masters Degree in Sociology and Anthropology there in 1947, and a Ph. D. degree in the same fields in 1953.

He joined the Michigan State Faculty in 1947, and served successively as assistant professor, associate professor and professor of sociology and anthropology, deputy director of the Cooperative Extension Service, vice president for off-campus education, and as Provost from 1959 to 1962.

Doctor Miller was appointed 15th president of West Virginia University on November 5, 1961. He assumed the duties of the office in January, 1962, and was formally inaugurated on April 11, 1962. He is the first alumnus in nearly half a century to head the University.

State Physicians Honored by ACP

Two West Virginia physicians were among those designated as Fellows and Associates of the American College of Physicians during the annual meeting held recently in Denver.

Dr. Jack H. Baur of Huntington was elected as a Fellow and Dr. James H. Getzen of Charleston was selected as an Associate.

Dr. James T. Spencer New President Of W. Va. Acad., Oph. & Otol.

Dr. James T. Spencer of Charleston was installed as president of the West Virginia Academy of Ophthalmology and Otolaryngology during the 16th annual meeting of that organization at The Greenbrier in White Sulphur Springs, April 17-20.

He succeeds Dr. William K. Marple of Huntington. Other new officers are as follows:

Dr. James T. Spencer of Charleston, right, was installed as president of the West Virginia Academy of Ophthalmology and Otolaryngology during the annual meeting at The Greenbrier. Shown with him, left to right, are Dr. R. Alan Fawcett of Wheeling, president elect; Dr. William K. Marple of Huntington, immediate past president; and Dr. Worthy W. McKinney of Beckley, secretary-treasurer.

Dr. R. Alan Fawcett, Wheeling, president elect; Dr. Ralph W. Ryan, Morgantown, vice president; and Dr. Worthy W. McKinney, Beckley, secretary-treasurer. Dr. Edwin M. Shepherd of Charleston and Dr. J. E. Blaydes, Jr., of Bluefield, were named directors.

Nearly 200 persons attended the four-day meeting, including more than 100 physicians from many of the eastern states and Canada.

The scientific program included papers presented by the following guest speakers:

Drs. Frank B. Walsh of Baltimore; William F. House of Los Angeles; Byron Smith of New York City; E. W. Johnson of Los Angeles; and G. S. Fitz-Hugh of Charlottesville, Virginia.

Drs. Ralph W. Ryan of Morgantown and James T. Spencer of Charleston served as co-chairmen of the program committee for this year's meeting. Other members of the committee were Drs. C. M. Polan and Marion C. Korstanje, Jr., of Huntington, R. Alan Fawcett of Wheeling, and William C. Morgan, Jr., A. C. Chandler and John A. B. Holt of Charleston.

New Law on Autopsy Consent Now in Effect

The Autopsy Consent Bill (HB 110), which was passed by the West Virginia Legislature during the 1963 session, went into effect 90 days from the passage date of February 11. A copy of the bill, which clarifies the responsibilities of all physicians involved in obtaining and performing an autopsy, was mailed to all members of the State Medical Association prior to adjournment of the Legislature.

The new law on autopsy consent reads as follows:

"In case of the death of any person in the state of West Virginia, the attending physician, or if there be none, any physician, if he deems it advisable in the interest of medical science, may perform or cause to be performed an autopsy on the body of such deceased person without liability therefor, provided consent to such autopsy, in writing, is first obtained from (1) the surviving spouse of deceased; (2) if there be no surviving spouse, then any child of deceased over the age of twenty-one years: Provided, That the child's permission shall not be valid, if any other child of the deceased over the age of twenty-one years objects prior to said autopsy and said objection shall be made known in writing to the physician who is to perform the autopsy. (3) If there be no surviving spouse, nor any child of deceased over the age of twenty-one years, then the mother or father of deceased; (4) if there be no surviving spouse, nor any child over the age of twenty-one years, nor mother or father, then the duly appointed and acting fiduciary of the estate of the deceased; or (5) if there be no surviving spouse, nor any child over the age of twenty-one years, nor mother or father, nor duly appointed and acting fiduciary of the estate of deceased, then the person, firm, corporation or agency legally responsible for the financial obligation incurred in disposing of the body of deceased.

"In the event the spouse, child or parent of deceased be mentally incompetent then the person authorized to consent to such autopsy shall be the next in the order or priority hereinabove defined."

PG Course at Duke

The Duke University Medical Center will present its fifth annual Medical and Pediatric Postgraduate Course at the Morehead-Biltmore Hotel in Morehead City, North Carolina, July 15-20.

The program has been designed primarily for the generalist; however, ample information will be presented to make it instructive for the specialist. Members of the American Academy of General Practice will be granted 30 hours of Category 1 Credit for attending the six-day meeting.

Registration fee for the meeting is $40 and attendance will be limited to 100 participants. Further information may be obtained by writing Dr. William M. Nicholson, Duke Hospital, Box 3088, Durham, North Carolina.

State Physicians Named Fellows Of American Psychiatric Assn.

Three state physicians were named Fellows of the American Psychiatric Association during the Annual Meeting of that organization which was held at the Chase Park Plaza Hotel in St. Louis, May 5-10.

The new Fellows are Drs. Roy A. Edwards, Jr., of Huntington, William B. Rossman of Charleston and Albert L. Wanner of Wheeling.

Dr. Mildred Mitchell-Bateman, Director of the State Department of Mental Health, served as the State Delegate to the Assembly of District Branches of the APA. The alternate delegate was Dr. Thomas S. Knapp of Charleston.

Officers of the West Virginia District Branch, APA, are Drs. Thomas S. Knapp, President; Raymond J. Duffy, of Wheeling, vice president, and Russell L. Heinlein of Charleston, secretary-treasurer.

A meeting of the West Virginia District Branch will be held at The Greenbrier on August 23, during the Annual Meeting of the State Medical Association. Dr. Robert S. Garber, Speaker of the Assembly of District Branches, has been invited to attend the meeting.

Ob. and Gyn. Applications Due July 1

The American Board of Obstetrics and Gynecology has announced that the final date for the receipt of applications, letters requesting reopening of applications, or reexamination is July 1, 1963. All applications and letters of requests must be accompanied by a duplicate list of patient dismissals for the preceding twelve months, not to date prior to January 1, 1962. This requirement also applies to candidates who have been declared eligible previously, but who did not accept examination in the same year.

Further information may be obtained by writing the Secretary, Dr. Robert L. Faulkner, 2105 Adelbert Road, Cleveland 6, Ohio.

Television Series on Heart Problems Planned for Fall Showing

A series of television programs on heart and major blood vessel disease, research and surgery will be produced by West Virginia University and WSAZ-TV of Huntington and Charleston and financed in part by a $2,000 grant from Smith, Kline and French Laboratories of Philadelphia.

The five 30-minute programs will be produced and filmed, then run concurrently as a public service presentation, probably in the fall of 1963. The programs will show the work of medical centers throughout the nation in the areas of teaching, research and service as related to heart problems.

The cooperative effort between the WVU Medical Center, the University's Office of Educational Broadcasting and WSAZ-TV will cover such subjects as heart failure, strokes, congenital heart disease and acquired heart disease, such as that resulting from atherosclerosis.

Service techniques such as open heart surgery, work of the heart-lung machine, heart catheterization and the work of hospital clinical laboratories will be explained. The programs also will cover the teaching of medical students, diagnostic procedures and conferences by physicians and research programs related to heart and major blood vessel disease.

Copies of the programs will be made available for programming by other West Virginia television stations and at a later date to service clubs and other groups for educational purposes.

Cancer Society Meeting in New York

The 1963 Scientific Session of the American Cancer Society will be held at the Biltmore Hotel in New York City, October 21-22. The program will feature a symposium on "Unusual Forms and Aspects of Cancer in Man.'

Ten past presidents attended the 16th Annual Meeting of the West Virginia Academy of Ophthalmology and Otolaryngology at The Greenbrier in White Sulphur Springs, April 17-20. Left to right, front, Drs. Eugene C. Hartman, Parkersburg, 1947; Sobisca S. Hall, Clarksburg, 1948; Charles T. St. Clair, Jr., Bluefield, 1950; Arthur C. Chandler, Charleston, 1961; William F. Beckner, Huntington, 1956; and W. F. Shirkey, Charleston, 1957. Second row, Drs. John H. Trotter, Morgantown, 1958; Nime K. Joseph, Wheeling, 1959; John A. B. Holt, Charleston, 1960; and Albert C. Esposito, Huntington, 1961.

Dr. Jack C. Morgan New President Of W. Va. Chapter, ACS

Dr. Jack C. Morgan of Fairmont was installed as president of the West Virginia Chapter of the American College of Surgeons during the annual meeting of that organization which was held at The Greenbrier in White Sulphur Springs, April 18-20. He succeeds Dr. Francis L. Coffey of Huntington.

Dr. Hu C. Myers of Philippi was elected vice president and Dr. E. F. Heiskell, Jr., of Morgantown reelected secretary-treasurer. Elected as councillors were Drs. Ray E. Burger of Welch, Victor S. Skaff of Charleston and Francis L. Coffey of Huntington.

Dr. Charles M. Scott of Bluefield, a past president of the organization, was again named Governor of the West Virginia Chapter, ACS.

The out-of-state speakers on the scientific program were Dr. William B. Kiesewetter, Surgeon-in-Chief, Children's Hospital, Pittsburgh; and Dr. H. William Clatworthy, Jr., Chief of the Department of Pediatric Surgery at Children's Hospital in Columbus. Doctor Kiesewetter presented papers on "Intestinal Obstruction in the Newborn," and "Intestinal Obstruction in the Infant," and Doctor Clatworthy on "Meconium: Friend or Foe," and "Pulmonary Complications of Staphylococcal Disease."

Cash prizes were awarded for the two best papers presented by residents. First prize of $100 was won by Dr. Emil L. Mantini, chief resident in surgery at the West Virginia University Hospital, whose subject was "The Subclavian Steal Syndrome."

Dr. Alfred D. Ghaphery, also of the WVU Hospital, was awarded second prize of $50 for a paper on "An Experimental Attempt to Delay Alimentary Tract Transit Time Following Total Small Bowel Exclusion."

Research Grants Will Be Awarded By W. Va. Heart Association

Applications are now being accepted by the West Virginia Heart Association for grants-in-aid for research in the field of cardiovascular disease. These grants are not restricted to any particular discipline although the investigator must be qualified and have available facilities necessary to pursue his investigation.

Funds are limited and individual grants should not exceed $3,000 although no maximum has been established. It was inadvertently stated in the May issue of *The Journal* that individual grants should not exceed $300.

Each application will be evaluated by the Research Committee and awards will be based on merit, need and available funds. All requests for the 1963-64 fiscal year should be submitted by June 15. Those received after this date will be processed and awarded as funds become available.

Further information may be obtained by writing to the West Virginia Heart Association, 759 West Washington Street, Charleston, West Virginia.

Conference on Disaster Medical Care

The 11th annual conference on Disaster Medical Care, sponsored by the Council on National Security of the American Medical Association, will be held at the Traymore Hotel in Atlantic City on June 15.

All interested physicians are invited to attend the one-day meeting. The program will be devoted primarily to a discussion of chemical and biological warfare and the responsibility of the physician in disaster planning.

New officers of the West Virginia Chapter, American College of Surgeons, are shown following their election at the annual meeting of the Chapter at The Greenbrier, April 18-20. Left to right (standing), Drs. Francis L. Coffey of Huntington, immediate past president; Jack C. Morgan of Fairmont, president; Victor S. Skaff of Charleston and Ray E. Burger of Welch, councillors. Seated, Drs. Hu C. Myers of Philippi, vice president; and E. F. Heiskell, Jr., of Morgantown, secretary-treasurer.

Case-Finding Key to Tuberculosis Control in West Virginia

A survey of the tuberculosis scene in West Virginia has disclosed that 672 new cases were reported last year. This figure brought the known active cases to a total of 3,802; of this number, 741 are patients in sanatoriums. Deaths from tuberculosis were up from the 122 the previous year to 136 in 1962.

In a recent issue of "State of the State's Health," State Director of Health N. H. Dyer said "the key to control is case-finding." He cited the efforts of two mobile units which last year took approximately 98,500 x-rays, uncovering 67 cases of pulmonary tuberculosis, 1,216 suspected cases of tuberculosis, 267 suspected tumors, 387 cardiovascular disorders, and 1,033 other abnormalities.

Hundreds Still To Be Located

Doctor Dyer also noted that the Special Tuberculosis Project, for which the United States Public Health Service contracted with the State Health Department, has now been extended to seventeen counties. In the past year, 2,641 patients were seen at these clinics, but he reminded that "hundreds of West Virginians still are to be located and brought to treatment" and warned that "perhaps too many of our own health personnel have adopted the popular opinion that tuberculosis is of little importance today whereas these very workers throughout the state are the first line in fighting this disease."

Distributed for School Use

In another issue of "State of the State's Health," Doctor Dyer acquainted health workers with a new program of highway safety designed to reach the teenagers of the state.

"What's Your Verdict?", a one-act drama, sponsored by the State Department of Health in cooperation with the State Department of Education, has been distributed by the Bureau of Accident Prevention to every county school superintendent in the state for use in their local high schools.

He described the program as "not a run-of-the-mill-play, but a dynamic presentation which utilizes participation of students, teachers, local attorneys, judges and citizens. Packaged with script, sound effects and the complete materials necessary for use, it is a memorable experience designed to avoid the standard preachments on safety and to bring the teen-ager face-to-face with reality."

World Medical Assn. Meeting in New York

The Council of the World Medical Association has announced that the 17th World Medical Assembly, originally scheduled to be held in Mexico City, September 22-28, has now been transferred to the Commodore Hotel in New York City, October 13-19.

The host for the Assembly will be the American Medical Association. Dr. Edward R. Annis of Miami, Florida, President Elect of the American Medical Association, has been nominated as the president elect of the World Medical Association and will preside over the meeting.

Speakers at the annual meeting of the West Virginia Chapter, ACS, at The Greenbrier included Dr. William B. Kiesewetter, left, Surgeon-in-Chief, Children's Hospital, Pittsburgh, and Dr. H. William Clatworthy, Jr., Chief of the Department of Pediatric Surgery at Children's Hospital in Columbus, Ohio.

Leukemia Pamphlet Available

A pamphlet prepared for distribution by physicians to parents of leukemic children was recently released by the National Cancer Institute. It includes information about the normal blood and its proper functioning; the symptoms, complications, and treatment of leukemia; and some of the problems children face during hospitalization.

Copies of "Childhood Leukemia—A Pamphlet for Parents," are available to physicians only, free of charge, from the Office of Information and Publications, National Cancer Institute, Bethesda 14, Maryland.

Medical Meetings, 1963

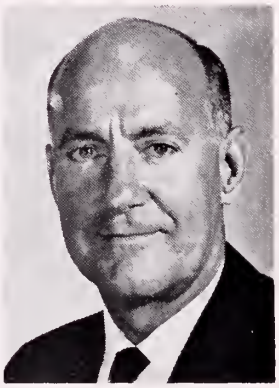
The following is a partial list of national, state and district medical meetings scheduled for 1963:

June 13-17—ACCP Annual Meeting, Atlantic City.
June 16-20—AMA Annual Meeting, Atlantic City.
June 20—B-R-T Scientific Session, Elkins.
June 27—Preston Co. Summer Session, Kingwood.
Aug. 22-24—W. Va. State Medical Association, The Greenbrier, White Sulphur Springs.
Sept. 6—W. Va. Heart Assn., Charleston.
Oct. 2-4—W. Va. Hospital Association, Wheeling.
Oct. 3—Rural Health Conf., Jackson's Mill.
Oct. 10-12—AMA School Conference, Chicago.
Oct. 13—GP Symposium, Wheeling.
Oct. 17-19—Cardiac Symposium, Morgantown.
Oct. 21-22—American Cancer Soc., New York.
Oct. 25-27—Annual PG Institute, Martinsburg.
Oct. 25-29—American Heart Assn., Los Angeles.
Oct. 27-31—ACS Clinical Congress, San Francisco.
Nov. 18-21—Southern Medical, New Orleans, La.

Large Delegation of State Physicians To Attend AMA Meeting

A large number of West Virginia physicians and their wives are expected to attend the 112th Annual Meeting of the American Medical Association in Atlantic City, June 16-20. The Woman's Auxiliary to the AMA will hold its 40th annual meeting during the same week.

George M. Fister, M. D.



Edward R. Annis, M. D.

More than 30,000 persons, including 15,000 physicians, are expected to attend the meeting. General headquarters for the meeting will be the Traymore Hotel, where the House of Delegates will meet throughout the week. Scientific sessions will be held in Convention Hall, and the industrial and scientific exhibits also will be housed there.

Presiding at the meeting will be Dr. George M. Fister of Ogden, Utah, AMA President. He will deliver addresses before the House of Delegates and Auxiliary and participate in inaugural ceremonies for Dr. Edward R. Annis of Miami, Florida, who will succeed him as president.

State Delegates to Attend Meeting

Drs. Charles A. Hoffman of Huntington and Frank J. Holroyd of Princeton will represent the West Virginia State Medical Association as Delegates to the meeting. The alternate delegates are Drs. D. E. Greeneltch of Wheeling and Thomas G. Reed of Charleston.

Dr. I. E. Buff of Charleston is a member of a committee which will offer a comprehensive medical check-up to physicians attending the meeting. The following examinations will be offered: resting electrocardiograms, Master two-step tests, blood pressure readings, chest x-rays and intraocular tension.

Dr. Hu C. Myers of Philippi has prepared an exhibit on "Cohesive Suturing" and it will be on display in the surgical section of the scientific exhibit in Convention Hall.

'Physician and Clergy Meet in Patient Care'

A new feature of the program will be a session on "Physician and Clergy Meet in Patient Care," in which leading clergymen and physicians will discuss their common problems in working with patients. Dr. Milford O. Rouse of Dallas will preside at the session which will be held on Sunday evening, June 16.

The principal speakers will be The Most Rev. Fulton J. Sheen, Catholic Bishop of New York, and Dr. Edward R. Rynearson of the Mayo Clinic.

Scientific Sessions

The latest information on some of the most common problems that confront physicians will be presented at eight general scientific sessions during the meeting. Heart attacks, strokes, cancer, peptic ulcer, heredity, obesity, venereal disease, and painful back will be covered in lectures or panel discussions.

The multiple discipline research forum will be presented again, in which more than 200 short papers will be presented, reporting on original investigation of fundamental problems of medicine.

More than 40 medical films will be shown during the meeting. New films will cover such subjects as tetanus, diagnosis of strokes, gastroscopy, kidney transplant and gastric cooling. In addition to the films, there will be a program of closed circuit color telecasts, originating in the University of Pennsylvania Hospital in Philadelphia.

The complete program for the AMA meeting may be found in the May 4 issue of *The JAMA*.

More Than 700,000 West Virginians Take Part in Sabin Programs

More than 700,000 West Virginians, about 41 per cent of the State's total population, already have participated in Sabin Oral programs sponsored by component societies of the West Virginia State Medical Association.

This number could exceed 1,000,000 with additional clinics to be held in some areas with the beginning of the 1963-64 school year next September. West Virginia's population is now estimated at just over 1,700,000 persons.

Nineteen component societies reported participation in the program to the headquarters offices with the largest single turnout in Kanawha County where more than 214,000 persons participated in the first of three clinics sponsored by the Kanawha Medical Society.

Relocations

Dr. Don F. Hatten, who practiced his specialty of obstetrics and gynecology in Pt. Pleasant since 1959, has joined the staff of the Weber Medical Clinic in Olney, Illinois. His office address is 600 East Main Street.

* * * *

Dr. James H. Evans of Keyser has moved to Johnstown, Pennsylvania, where he is serving as associate radiologist at the Mercy Hospital of Johnstown.

* * * *

Dr. John H. Burke, who practiced in Pageton for the past 15 years, has moved to Lexington, Kentucky, where he is engaged in general practice. His new address in Lexington is 500 Southland Drive.

Dr. Richard W. Corbitt Speaker At State Health Workshop

Dr. Richard W. Corbitt of Parkersburg, Chairman of the Committee on Athletic Injuries, presented a paper on "The Role of the Physician in Health Education and Physical Fitness Programs" at the State Health Workshop which was held at the Cedar Lakes FFA-FHA Camp near Ripley, April 21-23.

Doctor Corbitt, who appeared at the opening session of the three-day meeting, discussed the work that has been outlined for the Committee on Athletic Injuries and the need for physical fitness.

The workshop, sponsored by the State Department of Education, was attended by more than 85 teachers, county school superintendents and principals from throughout West Virginia. The theme was "The Promotion of An Adequate School Health Program, Including Health Services, Education and Healthful School Environment."

The Committee on Athletic Injuries will present an Athletic Injuries Conference in connection with the Annual Clinic of the West Virginia Coaches Association in Parkersburg on Friday evening, June 14.

Dr. Albert E. Ritt Installed As New AAGP President

Dr. Albert E. Ritt of St. Paul, Minnesota, was installed as president of the American Academy of General Practice during the annual scientific assembly in Chicago, April 1-4.

Dr. Julius Michaelson of Foley, Alabama, was named president elect and Dr. Walter W. Sackett, Jr., of Miami, Florida, vice president. Named to three-year terms as directors were Drs. Maynard I. Shapiro of Chicago, George Burket of Kingman, Kansas, and Charles G. Bryant of Louisville, Kentucky.

Dr. Carroll L. Witten of Louisville, Kentucky, was reelected to a fourth term as speaker of the Academy's policy-making Congress of Delegates. Dr. John Ely of Opportunity, Washington, was elected vice speaker.

Drs. Seigle W. Parks of Fairmont and Carl B. Hall of Charleston, delegates from the West Virginia Chapter, AAGP, attended the meeting and were present at all sessions of the Congress of Delegates. Dr. Halvard Wanger of Shepherdstown, alternate delegate, also attended the meeting in Chicago.

Annual Duke Medical Seminar-Cruise

State physicians have been invited to join the Ninth Postgraduate Medical Seminar Cruise this fall which will be sponsored by the Duke University School of Medicine.

The cruise will take physicians to several ports in the Mediterranean. The cruise ship Italia will sail from Port Everglades, Florida, on September 11 and from New York City on September 14.

Further information concerning the Medical Seminar-Cruise may be obtained by writing the Allen Travel Service, 565 Fifth Avenue, New York 16. New York.

AMA Woman's Auxiliary To Meet In Atlantic City, June 16-20

Mrs. Howard G. Weiler of Wheeling, President of the Woman's Auxiliary to the West Virginia State Medical Association, will head the State delegation to the 40th Annual Convention of the Woman's Auxiliary to the American Medical Association which will be held at the Haddon Hall Hotel in Atlantic City, June 16-20.

Mrs. Howard G. Weiler

More than 2,000 wives of physicians are expected to attend the meeting which will be held in conjunction with the Annual Meeting of the AMA. How physicians' wives can best serve their local communities and how to tell the public and profession about these service projects will be discussed during the meeting.

The formal opening of the Auxiliary's House of Delegates will be on Monday morning, June 17. The Annual Tea honoring the President, Mrs. William G. Thuss of Birmingham, Alabama, and the president elect, Mrs. C. Rodney Stoltz of Watertown, South Dakota, will be held on Sunday afternoon, June 16.

The second general session will be held on Tuesday morning and the annual luncheon honoring national past presidents will be held that same day. The speaker will be Dr. George M. Fister, AMA President, and the Auxiliary at this time will announce its annual contribution to the AMA Education and Research Foundation.

Mrs. Stoltz will be installed as president at the final business session on Wednesday morning. Dr. Edward R. Annis, President Elect of the AMA, will be the guest speaker.

Dr. Ernest B. Howard, Assistant Executive Vice President of the AMA, will discuss principal actions of the AMA House of Delegates at a post-convention conference and business session which will be held on Thursday morning.

Mrs. David B. Allman of Atlantic City is in charge of local arrangements and a full program has been planned for teen-agers accompanying their parents to the meeting.

Hang Together—Or Else

It will be only constant vigilance and by constant public education that a climate of competitive private enterprise, a climate nurturing incentive with the profit motive, can be maintained in both medicine and the drug industry. Both groups have so much in common in the struggle to prevent strangulation by Federal bureaucracy that it behooves each to support the other.—John S. DeTar, M. D., in Medical Economics.

Auxiliary Officers Attend Board Meeting in Beckley

The annual Spring Meeting of the Executive Board of the Woman's Auxiliary to the West Virginia State Medical Association was held at the Beckley Hotel in Beckley, April 30-May 1.

Mrs. Howard G. Weiler of Wheeling, the president, presided at the business session which was attended

The Executive Board of the Woman's Auxiliary to the West Virginia State Medical Association held its annual Spring Meeting at the Beckley Hotel in Beckley, April 30-May 1. Officers attending included, left to right, Mrs. Pat A. Tuckwiller of Charleston, president elect, Mrs. Howard G. Weiler of Wheeling, president, and Mrs. Richard G. Starr of Beckley, president of the Woman's Auxiliary to the Raleigh County Medical Society. (Photo Courtesy of The Raleigh Register).

by 21 members. New ideas and outstanding activities of the past year were exchanged by the officers, committee chairmen and county presidents.

Mrs. Pat A. Tuckwiller of Charleston, president elect, conducted a workshop for county presidents and presidents elect during the two-day meeting. Mrs. William R. Rice of Dunbar, state program chairman, discussed plans for the coming year.

Mr. William H. Lively and Mr. Jerry Gould of Charleston, executive secretary and executive assistant, respectively, of the State Medical Association, were guests at the opening session.

American Heart Association Meeting In Los Angeles, Oct. 25-29

The 1963 Annual Meeting and Scientific Sessions of the American Heart Association will be held in Los Angeles, California, October 25-29. The scientific sessions will be held October 25-27 at the Hotel Biltmore.

Registration fee for the scientific program is $15 for those who are not members of the American Heart Association or of AHA Councils. Also excluded from payment of the fee are medical students, house officers, research fellows, graduate students and members of the Armed Forces. The fee is to be prorated for participating para-medical groups according to the length of sessions held in their fields of interest.

New Association Members

Dr. Dora Alene Blake, 132 Main Street, Oak Hill (Fayette). Doctor Blake, a native of Scarbro, West Virginia, was graduated from the University of Chicago and received her M. D. degree in 1960 from the Medical College of Virginia. She interned and served a residency at Grace Hospital in Detroit, 1960-61. She is engaged in general practice.

* * * *

Dr. William H. Boone, Potomac Valley Hospital, Keyser (Potomac Valley). Doctor Boone, a native of Winona, West Virginia, was graduated from West Virginia University and received his M. D. degree from Western Reserve University. He interned at Cleveland City Hospital and Harper Hospital in Detroit, and served a residency at University Hospital in Ann Arbor, Michigan. He served as a consultant to the Selective Service System, 1941-47, and previously was located in New York City. His specialty is radiology.

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Dr. Clyde A. Burgess, 1090 Fairfax Street, Berkeley Springs (Eastern Panhandle). Doctor Burgess was born in Oak Hill and was graduated from the University of Dayton. He received his M. D. degree in 1961 from the University of Cincinnati College of Medicine and he served his internship at St. Elizabeth Hospital in Dayton, 1961-62. He served with the United States Air Force, 1950-54, and he is engaged in general practice.

* * * *

Dr. Geza Z. Gaal, 230½ Seventh Avenue, South Charleston (Kanawha). Doctor Gaal, a native of Kismarja, Hungary, received his M. D. degree in 1954 from the University of Budapest Medical School. He interned at Charleston General Hospital, 1957-58, and served residencies at Bluefield Sanitarium and Thomas Memorial Hospital in South Charleston, 1958-62. He is engaged in general practice.

* * * *

Dr. Dean R. Goplerud, WVU Medical Center, Morgantown (Monongalia). Doctor Goplerud was born in Osage, Iowa, and was graduated from St. Olaf College. He received his M. D. degree in 1955 from the State University of Iowa College of Medicine, and interned at Aucker Hospital in St. Paul, Minnesota, 1955-56. He served as a Captain in the Medical Corps of the United States Army, 1956-58, and then served a residency at the State University of Iowa Hospitals, 1958-61. He is an instructor in the Department of Obstetrics and Gynecology at the WVU School of Medicine.

* * * *

Dr. Allen E. Yeakel, WVU Medical Center, Morgantown (Monongalia). Doctor Yeakel, a native of Fair Oaks, Pennsylvania, was graduated from the Carnegie Institute of Technology and received his M. D. degree in 1951 from the University of Pennsylvania School of Medicine. He interned at Philadelphia General Hospital, 1951-52, and served a residency at the University of Pennsylvania Hospital, 1959-61. He served as a Lieutenant in the United States Navy, and was engaged in general practice in Bechtelsville, Pennsylvania, from 1953 to 1959. He is Assistant Professor in the Division of Anesthesiology at the WVU School of Medicine.

IN DIARRHEAS

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Diagnosis: Functional diarrhea

Results: Definite **Side Effects:** None

Comment: Patient has been on R-1132 (Lomotil) for fifteen months with definite improvement.

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Lomotil is supplied as unscored, uncoated white tablets of 2.5 mg. and as liquid containing 2.5 mg. in each 5 cc. A subtherapeutic amount of atropine sulfate (0.025 mg.) is added to each tablet and each 5 cc. of the liquid to discourage deliberate overdosage. Recommended dosage schedules should not be exceeded.

Note: Lomotil is an exempt preparation under Federal narcotic statutes.

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Research in the Service of Medicine

WVU Medical Center
—News—

THE West Virginia University School of Medicine recently received $15,344.62 from the American Medical Association Education and Research Foundation which was established by the AMA in 1951.

Dr. L. J. Pace of Princeton, President of the West Virginia State Medical Association, presented the check to Dean Clark K. Sleeth during a ceremony held at the Medical Center in Morgantown on May 7.

The grant is part of a record $1,461,810.92 contributed by physicians during 1962 to the medical schools throughout the country through the Foundation. Of the total amount, $252,966.64 was raised through the efforts of the AMA Woman's Auxiliary.

The West Virginia University School of Medicine recently received a check for $15,344.62 from the American Medical Association Education and Research Foundation. Presentation of the check to Dr. Clark K. Sleeth, right, Dean of the School of Medicine, was made by Dr. L. J. Pace of Princeton, President of the West Virginia State Medical Association.

Deans of the individual medical schools may use the money at their discretion for special projects or expenses outside their budget.

Dean Sleeth said the availability of AMA-ERF funds for the WVU School of Medicine has made possible the recruitment of valuable faculty members for whom no regularly budgeted position existed at the time and who would otherwise have gone to another institution rather than await the regular budget time.

"Similarly, equipment purchases can be made to meet the rapidly changing needs of some specific teaching or research project rather than having to be anticipated a year or more in advance. The administration, faculty and students are grateful to West Virginia physicians and their wives for this continued support," Dean Sleeth said.

• Compiled from material furnished by Howard Lewis, Administrative Assistant to the Vice President, West Virginia University Medical Center, Morgantown, West Virginia.

The AMA established the program so physicians could play a greater part in financial support of medical schools. Money contributed to AMA-ERF may be designated to a specific medical scool. All money not so designated is divided equally among the 86 schools. More than $13 million has been distributed in this manner.

Funds for medical schools is one of two major programs of AMA-ERF. The other is the Medical Education Loan Guarantee Program, through which AMA-ERF underwrites low-interest bank loans to medical students, interns and residents to help them meet essential training and living expense. By the end of 1962, the loan program had, in ten months, guaranteed 5,299 loans worth $6,111,400 in principal amount to 4,694 borrowers in training in 83 medical schools and 462 hospitals in 46 states and U. S. possessions.

Five Faculty Members Elevated

Five members of the School of Medicine faculty will receive promotions with the beginning of the new fiscal year on July 1.

Elevated from associate professor to full professor are Dr. D. Franklin Milam, Chairman of the Division of Urology; Dr. Robert J. Marshall, Department of Medicine; and Dr. Charles E. Andrews, Department of Medciine.

Drs. Barbara Jones and Carmine C. Mascoli of the Departments of Pediatrics and Microbiology will be promoted from assistant to associate professor.

Dr. Zimmermann Speaks in Kentucky

Dr. Bernard Zimmermann, Professor and Chairman of the Department of Surgery at the WVU School of Medicine, was a guest speaker at the annual meeting of the Kentucky Surgical Society which was held in Lexington, May 17-18.

Doctor Zimmermann presented a paper on "The Dynamics of Fluid Balance in Surgical Patients" at the Saturday morning session.

Get your low-back patient back to work in days instead of weeks

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The Month in Washington

• From the Washington Office of the American Medical Association.

CONGRESSIONAL passage of the Administration's medical education bill appeared assured following a 288-122 vote of approval in the House. Backers of the bill predicted the Senate would pass it overwhelmingly. The key vote in the House came on the disputed provision for a federally-administered loan program for medical and other students. This was upheld by a 188 to 150 tally, paving the way for final House approval.

Although the Administration had sought a ten-year, $755 million program of grants for the construction of medical schools and for loans, the House Commerce Committee reduced the program to three years and $236 million in order to give Congress power to review progress periodically.

AMA Opposes Loan Feature

As approved by the House, the bill calls for a $175 million program of matching grants for the construction, replacement and rehabilitation of schools for physicians, pharmacists, dentists, optometrists, nurses and professional public health personnel. Also in the bill is a $61 million loan program for medical, dental, and osteopathic students.

Student nurses also might be eligible under a provision giving the HEW Secretary authority to extend the loans to other health professions if there is a shortage in a particular category.

The American Medical Association endorsed the construction feature of the bill and opposed the loan plan on grounds it "is not necessary since most of the demands are clearly being met by privately sponsored programs," including the AMA's own plan.

Under the construction part of the bill, medical and allied schools would get $105 million in matching grants, dental schools would get $35 million, and $35 million would be for renovation of existing facilities in medical and allied schools.

The loan program provides individual loans not exceeding $2,000 a year. Interest would be a minimum of three per cent or the going federal interest rate, whichever is higher. A "forgiveness" feature for part of the loan for duty in physician shortage areas or in the armed services was stricken from the bill on the House floor.

NIH Budget Trimmed

The government's major medical research branch, the National Institutes of Health, had its budget trimmed slightly by the House, the first time in recent years NIH hasn't received a hefty boost over the Administration's request. The House voted $962.4 million for NIH, $18 million less than called for in the budget, but still a record total and $31 million above this fiscal year's sum.

The HEW Department as a whole received $5,021,759,000 from the House, $263 million under the budget proposal and $150 million less than appropriated last year. Much of this reduction, however, involved public assistance funds which would have to be restored if the money is needed.

The Public Health Service had its budget slashed $51.8 million, receiving a total of $1.5 billion.

Food and Drug Administration appropriations of $40 million were $9 million less than requested but $11 million more than last year.

The Hill-Burton program of hospital construction aid received $177.9 million, almost as much as the request, but $48 million less than last year.

The House Appropriations Committee warned NIH in its report to "exercise a high degree of vigilance so that its actions tightening supervision of research grants not diminish the basic independence and integrity of our institutions of higher learning and the essential conditions of scientific freedom."

The committee said it has been concerned with reports that steps taken by NIH "seriously threaten the freedom of scientists and that they constitute evidence of federal control over science."

Medical Care for the Indigent Bill

Sen. George Smathers (D., Fla.) and Rep. Wilbur Mills (D., Ark.) introduced similar bills requiring states to provide medical care for the indigent equal to the protection given the elderly under the Kerr-Mills Act provision for the medically indigent.

"It seems poor policy to us to provide less in the way of medical care to persons on old-age assistance, who require help with their day-to-day living expenses," Smathers said, "than we provide to the recipients of medical assistance for the aged who have enough resources to meet their regular expenses other than medical ones."

Rep. Mills is chairman of the House Ways and Means Committee. Sen. Smathers is a high-ranking member of the Senate Finance Committee and chairman of the Special Senate Committee on Aging.

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Supplied: 4¾ oz. plastic squeeze bottles. See Winthrop literature for more information.

1. Data in the files of Research Department, Sterling Winthrop Institute.

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†3% hexachlorophene and entsufon

Annual Audit, 1962

The annual audit of receipts and disbursements of the West Virginia State Medical Association for the calendar year 1962 has been completed by the firm of Fitzhugh, Erwin, McKee and Hickman, Certified Public Accountants of Charleston. The complete audit, with letter of transmittal, follows:

FITZHUGH, ERWIN, McKEE & HICKMAN
Certified Public Accountants
Kanawha Banking & Trust Building
Charleston 1, W. Va.

West Virginia State Medical Association
Charleston, West Virginia

We have examined the cash receipts and disbursements of West Virginia State Medical Association for the year ended December 31, 1962. Summary statements of the various funds which were prepared from your records and a schedule of bonds owned at the year end are presented herewith.

In prior year statements, that portion of salaries paid representing taxes withheld from employees were included in payroll taxes expense. The current year statements have been changed to show total salaries paid with payroll taxes expense including only the Association's portion of the taxes.

The expense shown for the employee pension plan is the premium for 1963 in the amount of $1,564.95 paid in November, 1962 less 25% of the 1962 premium withheld from the employees during the year 1962 showing a net expense for 1962 in the amount of $1,144.17.

Bonds owned by the Association at December 31, 1962 were verified by inspection at the safe deposit box on April 22, 1963.

In our opinion, all receipts of record of West Virginia State Medical Association for the year ended December 31, 1962 have been properly accounted for and the balance in bank and bonds owned at December 31, 1962 are correctly stated herein.

FITZHUGH, ERWIN, McKEE & HICKMAN

Charleston, W. Va.
April 30, 1963

COMBINED STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS CALENDAR YEAR 1962

CASH IN BANK—JANUARY 1, 1962		$ 36,853.23
RECEIPTS		
Dues	$ 48,887.00	
Interest on U. S. Bonds	800.00	
Collection Commission on A.M.A. Dues	435.35	
Advertising	27,920.50	
Emblems sold	68.25	
Subscriptions	268.62	
Exhibit space sold	7,390.00	
Dues collected for A.M.A.	43,837.50	
Interest on savings	120.00	
Contributions to Medical Scholarship Fund	3,740.15	
Refunds	957.94	
Total Receipts		134,425.31
		171,278.54
DISBURSEMENTS		
General Fund	46,533.58	
Medical Journal Fund	32,196.44	
Convention Fund	10,477.95	
Dues forwarded to A.M.A.	43,837.50	
Medical Scholarship Fund	5,343.14	
Public Service Fund	699.59	
Total Disbursements		139,088.20
CASH IN BANK—DECEMBER 31, 1962		$ 32,190.34
Cash in Bank—Savings Account	6,120.00	
Cash in Bank—Checking Account	26,070.34	
Total	$ 32,190.34	

GENERAL FUND

Statement of Cash Receipts and Disbursements
Calendar Year 1962

BALANCE—JANUARY 1, 1962		$ 20,042.38
RECEIPTS		
Dues (allocated to General Fund)	$ 37,308.50	
Interest on U. S. Bonds	650.00	
Collection Commission on A.M.A. Dues	435.35	
Refunds—convention	81.37	
Total Receipts		38,475.22
		58,517.60

Coca-Cola, too, is compatible with a well-balanced menu. As a pure, wholesome drink, it provides a bit of quick energy.. brings you back refreshed after work or play. It contributes to good health by providing a pleasurable moment's pause from the pace of a busy day.

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DISBURSEMENTS		
Salaries—Executive Secretary	9,000.00	
—Office	10,944.27	
Office supplies and expense	3,252.10	
Office Rent	3,180.00	
Library expense	51.49	
Telephone and telegraph	3,032.12	
Postage	1,621.48	
Travel	5,834.17	
Legal and auditing	1,132.50	
Legislative bulletins and expense	891.48	
Payroll taxes	388.25	
Unemployment tax	439.32	
Mimeographing	1,456.95	
Expense of Council and Committee meetings	3,184.92	
Miscellaneous expense	980.36	
Employee Benefit Plan	1,144.17	
Total Disbursements		46,533.58
BALANCE—DECEMBER 31, 1962		$ 11,984.02

MEDICAL JOURNAL FUND

Statement of Cash Receipts and Disbursements Calendar Year 1962

BALANCE—JANUARY 1, 1962		$ 7,244.50
RECEIPTS		
Advertising	$ 27,920.50	
Emblems sold	68.25	
Subscriptions	268.62	
Refunds and discounts	291.95	
Total Receipts		28,549.32
		35,723.82
DISBURSEMENTS		
Printing	22,071.52	
Engraving	1,060.62	
Postage	720.00	
Salaries and editing	6,851.00	
Emblems and frames purchased	150.00	
Miscellaneous	1,343.30	
Total Disbursements		32,196.44
BALANCE—DECEMBER 31, 1962		$ 3,597.38

CONVENTION FUND

Statement of Cash Receipts and Disbursements Calendar Year 1962

BALANCE—JANUARY 1, 1962		$ 323.56
RECEIPTS		
Exhibit space sold	$ 7,390.00	
Dues (allocated to Convention Fund)	3,859.50	
Refunds:		
Convention Golf Tournament	150.00	
Travel expense	148.88	
Others	285.74	
Total Receipts		11,834.12
		12,157.68
DISBURSEMENTS		
Supplies and labor	4,970.02	
Travel	602.07	
Entertainment	3,659.67	
Telephone and telegraph	195.57	
Advance Convention Golf Tournament	250.00	
Reporting	278.60	
Miscellaneous	272.02	
Auxiliary Convention expense	250.00	
Total Disbursements		10,477.95
BALANCE—DECEMBER 31, 1962		$ 1,679.73

AMERICAN MEDICAL ASSOCIATION DUES

Statement of Cash Receipts and Disbursements Calendar Year 1962

BALANCE—JANUARY 1, 1962	$ None
RECEIPTS	
Dues collected for A.M.A.	43,837.50
	43,837.50
DISBURSEMENTS	
Dues forwarded to A.M.A.	43,837.50
BALANCE DUE A.M.A.—DECEMBER 31, 1962	$ None

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PUBLIC SERVICE FUND

Statement of Cash Receipts and Disbursements
Calendar Year 1962

BALANCE STATE ASSESSMENTS—JANUARY 1, 1962		$ 1,297.65
RECEIPTS		
Assessments		None
		1,297.65
DISBURSEMENTS		
Conference and general expense	$ 662.29	
Printing	37.30	
Total Disbursements		699.59
BALANCE STATE ASSESSMENTS—DECEMBER 31, 1962		$ 598.06

MEDICAL SCHOLARSHIP FUND

Statement of Cash Receipts and Disbursements
Calendar Year 1962

BALANCE—JANUARY 1, 1962		$ 7,945.14
RECEIPTS		
Dues (allocated to Medical Scholarship Fund)	$ 7,719.00	
Contributions	3,740.15	
Interest on U. S. Treasury Bonds	150.00	
Interest on Savings Account	120.00	
Total Receipts		11,729.15
		19,674.29
DISBURSEMENTS		
Scholarship installment	5,000.00	
Travel, printing and miscellaneous expense	343.14	
Total Disbursements		5,343.14
BALANCE—DECEMBER 31, 1962		$ 14,331.15

Balance in Savings Account	6,120.00
Balance in Checking Account	8,211.15
Total	$ 14,331.15

SCHEDULE OF BONDS OWNED AS OF DECEMBER 31, 1962

	Serial	Due Date	Maturity Value
U. S. Treasury 2½%	27070L	12-15-67/72	$10,000.00
U. S. Treasury 2½%	27846F	12-15-67/72	10,000.00
U. S. Treasury 2½%	70011A	12-15-67/72	1,000.00
U. S. Treasury 2½%	70012B	12-15-67/72	1,000.00
U. S. Treasury 2½% (Sp. Fund)	72361A	12-15-67/72	1,000.00
U. S. Treasury 2½%	19534D	12-15-67/72	500.00
U. S. Treasury 2½%	20707H	12-15-67/72	500.00
U. S. Treasury 2½%	20935E	12-15-67/72	500.00
U. S. Treasury 2½%	21421A	12-15-67/72	500.00
U. S. Treasury 2½%	21914D	12-15-67/72	500.00
U. S. Treasury 2½%	22646F	12-15-67/72	500.00
U. S. Treasury 2½% (Medical Scholarship Fund)	6873C	9-15-67/72	5,000.00
U. S. Treasury 2½% (Medical Scholarship Fund)	18939K	9-15-67/72	1,000.00
Series "J"	Q22297J	1- 1-1968	25.00
Series "J"	Q22298J	1- 1-1968	25.00
Total			$ 32,050.00

COMPARATIVE SCHEDULE OF CASH AND BONDS AS OF DECEMBER 31, 1961 AND 1962

CASH	12-31-61	12-31-62	Increase (Decrease)
General Fund	$20,042.38	$11,984.02	($ 8,058.36)
Medical Journal Fund	7,244.50	3,597.38	(3,647.12)
Convention Fund	323.56	1,679.73	1,356.17
A.M.A. Dues			
Public Service Fund	1,297.65	598.06	(699.59)
Medical Scholarship Fund	7,945.14	14,331.15	6,386.01
Total Cash	36,853.23	32,190.34	(4,662.89)
U. S. BONDS (at cost)	31,144.91	31,144.91	
TOTAL CASH AND BONDS	$67,998.14	$63,335.25	($ 4,662.89)

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J. L. RITTMEYER, M. D.
ERNEST G. GUY, M. D.

Pediatrics:
CORA C. LENOX, M. D.

Dentistry:
GLENN B. POLING, D. D. S.

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G. E. HARTLE, M. D.

Broaddus Hospital Resident Staff:
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numbs the pain...not the patient

A potent analgesic and
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2. A.P.C. compounds have limited usefulness; and the patient can buy them without your prescription. Unfortunately, most of them are too mild to be effective for sprains—and more potent products too often make the patient feel 'dopey'.

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4. Why not try 'Soma' Compound? Dosage is 1 or 2 tablets q.i.d. For more severe pain, try 'Soma' Compound + Codeine. Dosage: 1 or 2 tablets q.i.d.

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Soma® Compound

carisoprodol 200 mg., acetophenetidin 160 mg., caffeine 32 mg.

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HUNTINGTON, WEST VIRGINIA

Obituaries

THOMAS G. McLIN, M. D.

Dr. Thomas G. McLin, 81, of Huntington, a member of the Huntington State Hospital staff for 11 years, died on April 25 at his home in that city.

Doctor McLin was a native of Wayne County, Illinois, and was graduated from Valparaiso University in Valparaiso, Indiana. He received his M. D. degree in 1910 from the University of Illinois College of Medicine and served an internship and residency in psychiatry with the Illinois State Hospital Service.

During World War I, Doctor McLin served in the Medical Corps of the United States Army and was released with the rank of Lieutenant Colonel. He served as an assistant superintendent of a state hospital in Illinois for 11 years and for 21 years as a Clinical Director for the Veterans Administration before coming to West Virginia in 1952.

He was a member of the Cabell County Medical Society, West Virginia State Medical Association and American Medical Association, and an honorary life member of the American Psychiatric Association.

Besides his widow, he is survived by four sons, all physicians, Drs. Thomas P. and Edward D. McLin of San Francisco; Leon N. McLin of Hanover, Pennsylvania; and Lt. Col. Leonard D. McLin, serving with the Air Force in Lorado, Texas.

* * * *

PHOSA DAVID NUTTER, M. D.

Dr. Phosa David Nutter, 55, of Lancaster, Pennsylvania, who formerly practiced in Beckley, died on April 25 in the Pennsylvania city after a long illness.

Doctor Nutter was a native of Russellville, Greenbrier County, and was graduated from Marshall University. He attended the two-year School of Medicine at West Virginia University and received his M. D. degree in 1935 from Jefferson Medical College in Philadelphia.

He served an internship at Columbia Hospital in Milwaukee, Wisconsin, 1935-37, and a residency in orthopedics at the City of Detroit Receiving Hospital, 1937-39. During World War II, he served in the Medical Corps of the United States Army and was released with the rank of Major.

Survivors include a sister, Mrs. Edwin L. Bell, a brother, Ira L. Nutter, and a half-sister, Mrs. Thomas Sims, all of Huntington.

School Health Meeting

Physicians and other interested persons have been invited to attend the fifth pre-convention Session on School Health which will be held on Sunday evening, June 16, in conjunction with the annual meeting of the American Medical Association in Atlantic City. The program will feature a symposium on Professional Preparation of School Health Personnel.

County Societies

BARBOUR-RANDOLPH-TUCKER

Dr. Boylston D. Smith of Clarksburg was the guest speaker at the regular quarterly meeting of the Barbour-Randolph-Tucker County Medical Society at the Philippi Inn in Philippi on April 18.

Doctor Smith, a psychiatrist, discussed "The General Practitioner's Approach to the Psychiatric Patient."

Twenty-three members and guests attended the meeting at which Drs. Melvyn B. Amsel, Michael A. Glucksman, James B. Magee and Russell C. Herman, all of Elkins, were unanimously elected to membership in the Society. Sponsorship of a Sabin Oral program in each of the three counties also was approved. —A. Kyle Bush, M. D., Secretary.

* * * *

CABELL

Dr. William E. Anderson of Morgantown was the guest speaker at the regular monthly meeting of the Cabell County Medical Society which was held at the Hotel Frederick in Huntington on April 11.

Doctor Anderson, Assistant Professor of Medicine at the West Virginia University School of Medicine, presented an interesting paper on the "Malabsorption Syndrome."

Dr. Jack Leckie, the president, presided at the business meeting.

Dr. Frank C. Spencer of Lexington, Kentucky, was the guest speaker at the regular monthly meeting of the Cabell County Medical Society which was held at the Hotel Frederick in Huntington on May 9.

Doctor Spencer, who is Professor of Surgery at the University of Kentucky School of Medicine, discussed "The Use of Combined Therapys in Treatment of Cancer of the Lung." The paper was discussed by Dr. M. L. White, Jr.

Dr. Thomas Francis Scott was elected to membership in the Society during the business meeting, and Dr. A. C. Esposito presented a report on a meeting held in Charleston on May 5 to organize the "Operation Hometown" campaign in West Virginia.

Named as delegates to the Annual Meeting of the West Virginia State Medical Association were Drs. I. Ewen Taylor, Albert C. Esposito, Harold N. Kagan, Thomas G. Folsom, C. Stafford Clay, W. D. Bourn, D. Sheffer Clark and W. L. Neal.

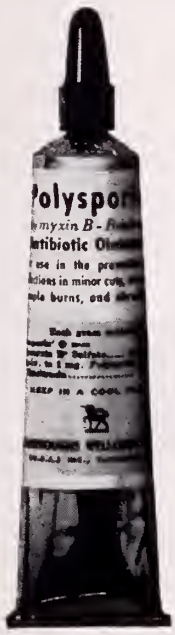
Dr. Jack Leckie, the president, presided at the meeting which was attended by 38 members—W. L. Neal, M. D., Secretary.

* * * *

GREENBRIER VALLEY

The Greenbrier Valley Medical Society voted at its April meeting to sponsor a Sabin Oral program in Greenbrier County.

in treating topical infections, no need to sensitize the patient



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Dr. E. L. Crumpacker, the president. named Drs. Robert G. Shirey, Don F. Shreve and Lee B. Todd to a committee which will supervise the program.

* * * *

HARRISON

Dr. Robert S. Wilson was installed as president of the Harrison County Medical Society at the annual business meeting which was held at the Stonewall Jackson Hotel in Clarksburg on May 2. He succeeds Dr. Andrew J. Weaver. Other officers named were as follows:

Dr. Arnold Robert Marks, president elect; Dr. Richard K. Hanifan. secretary; and Dr. David M. Robinson, treasurer. Drs. Jack T. Gocke, Hanifan, Charles F. Fisher, James A. Thompson, Marks and Robert S. Wilson comprise the Board of Directors of the Society.

Drs. J. D. H. Wilson and L. Dale Simmons were elected delegates to the 96th Annual Meeting of the West Virginia State Medical Association at The Greenbrier in White Sulphur Springs in August.

* * * *

KANAWHA

Dr. Charles K. Kirby, Professor of Surgery at the University of Pennsylvania Hospital in Philadelphia, was the guest speaker at the regular monthly meeting of the Kanawha Medical Society at the Daniel Boone Hotel in Charleston on March 12.

Doctor Kirby presented a paper on the "Artificial Heart," pointing out the mechanical and physiological hurdles which have been met and those which must be conquered before it can be used as a standard procedure.

Dr. Kenneth G. MacDonald, the president, presided at the business meeting which was attended by three new members, Drs. Arnold C. Burke, A. Thomas McCoy and Philip Rubin.

The regular monthly meeting of the Kanawha Medical Society was held at the Daniel Boone Hotel in Charleston on April 9.

Dr. Robert R. Trotter, Associate Professor and Chairman of the Division of Ophthalmology at the West Virginia University School of Medicine, was the guest speaker and presented a paper on "Ophthalmological Signs and Systemic Diseases."

Doctor MacDonald presided at the business meeting and the Society's weekly television presentation, "Doctors at Work," and the Sabin Oral program were discussed.—William E. Lawton, M. D., Secretary-Treasurer.

* * * *

MONONGALIA

Forty-two members and guests attended the regular monthly meeting of the Monongalia County Medical Society in Morgantown on April 2.

Dr. C. A. Logue, the president, presided at the business meeting and a report was presented on the Society's Sabin Oral Program.

Dr. William G. Klingberg, chairman of the Sabin Oral committee, reported that 50,859 persons, 73.5 per

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cent of the County's population, received the vaccine on March 17 and at a later make-up clinic.

A movie concerning a complete physical examination for cancer detection was shown by Dr. Richard A. Currie, Assistant Professor of Surgery at the WVU School of Medicine.—George A. Curry, M. D., Secretary.

* * * *

PRESTON

The regular monthly meeting of the Preston County Medical Society was held at Delaney's Restaurant in Addison, Pennsylvania, on April 25.

Dr. Franklin M. Ruegsegger of Oakland, Maryland, a radiologist and member of the Society, was the guest speaker at the meeting which was attended by ten physicians and their wives.

* * * *

RALEIGH

Dr. John E. Jones of Morgantown was the guest speaker at the regular monthly meeting of the Raleigh County Medical Society which was held in Beckley on April 18.

Doctor Jones, who is an Instructor in Medicine at the West Virginia University School of Medicine, presented an interesting paper on "Familial Goiter."

Drs. Grover C. Hedrick, Jr., and John M. Daniel, co-chairmen of the Sabin Oral Vaccine program in Raleigh County, discussed plans for clinics which were to be held throughout the county on April 20.—Warren D. Elliott, M. D., Secretary.

The Federal Government—Sole Employer?

There is more and more government interference in the conduct of one's private affairs; more and more tendency to want to rely on the government instead of doing it oneself; more and more whittling away at the private enterprise system; more and more feeling that business is irresponsible and the professional naive.

The government's civilian payroll hit a record high of $14 billion in the last fiscal year, and the first month of the new fiscal year has shown an increase of 14,530 employes over the preceding month, for a total of two and a half million federal employees.

Maurice Stans, former Director of the Budget, has reported that every worker in the country will be employed by the Federal Government by the year 2058 if the growth rate of Federal Employment of the last 30 years continues into the future.—Austin Smith, M. D., President, Pharmaceutical Manufacturers Association.

Legislating Against the Patient

No one will deny that a strong Food and Drug Act is necessary to protect the public. But the intended (FDA) regulations will increase the cost of screening new drugs, will limit the number of new drugs approved, and may prevent many excellent medications from reaching the doctor. The legislation will adversely affect the very person the law was meant to protect—the patient.—W. D. Paul, M. D., in New Medical Materia.

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PAULINE L. TOOILL, R.R.L.
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ESTHER L. SIMPSON, R.N.
Director of Nurses

SHARON LADOW, B.S., O.T.R.
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JAMES MYERS, B.S., M. Ed.
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Woman's Auxiliary

to the

WEST VIRGINIA STATE MEDICAL ASSOCIATION

President: Mrs. Howard G. Weiler, Wheeling
President Elect: Mrs. Pat A. Tuckwiller, Charleston
First Vice President: Mrs. L. Dale Simmons, Clarksburg
Second Vice President: Mrs. A. J. Villani, Welch
Third Vice President: Mrs. Andrew J. Weaver, Clarksburg
Fourth Vice President: Mrs. W. V. Wilkerson, Whitesville
Treasurer: Mrs. Grover C. Hedrick, Jr., Beckley
Recording Secretary: Mrs. J. A. B. Holt, Charleston
Corresponding Secretary: Mrs. C. J. Holley, Wheeling
Parliamentarian: Mrs. J. E. Spargo, Jr., Wheeling

CABELL

The Woman's Auxiliary to the Cabell County Medical Society held its regular monthly meeting at the Hotel Frederick in Huntington on April 9.

Mr. James E. Swan of Washington, D. C., was the guest speaker at the luncheon meeting honoring members of the Society. Mr. Swan, a native of Huntington and presently executive secretary and director of labor relations of the National Electrical Contractors Association, discussed "Should the Doctor Be at the Bargaining Table?"

Mrs. C. Stafford Clay served as chairman of the luncheon committee and was assisted by Mesdames C. L. Terlizzi, D. Sheffer Clark, Lee F. Dobbs, Douglas W. Ey, James A. Heckman, Gary L. Ripley, John R. Parsons, Bruce H. Pollock, William J. Kopp, G. O. McClellan, William E. Bray, Jr., and David A. Haught.

* * * *

GREENBRIER VALLEY

Mrs. Philip W. Oden of Ronceverte was elected president of the Woman's Auxiliary to the Greenbrier Valley Medical Society at the regular monthly meeting in Lewisburg on April 23. She succeeds Mrs. Stuart T. Bray of White Sulphur Springs. Other new officers are as follows:

Mrs. George E. Farrell of Lewisburg, vice president; Mrs. Ernest T. Cobb of Ronceverte, corresponding secretary; and Mrs. Harold D. Gunning of Ronceverte, treasurer.

* * * *

HANCOCK

The Woman's Auxiliary to the Hancock County Medical Society held its final business meeting of the year at the Williams Country Club in Weirton on April 16.

Mrs. L. Dale Simmons of Clarksburg, first vice president of the Woman's Auxiliary to the State Medical Association, was the guest speaker. She discussed the role of the physician's wife in the community, her responsibilities and community service contributions.

Mrs. E. M. Clubb, Jr., the president, presided at the business meeting and committee reports on the year's activities were submitted and the election of officers

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General Surgery:
J. O. Rankin, M. D.
C. D. Hershey, M. D.
E. C. Voss, M. D.

Eye, Ear, Nose and Throat:
A. J. Berlow, M. D.

Ophthalmology:
Robert A. Dye, M. D.
R. S. Perry, M. D.

Orthopedic Surgery:
C. B. Buffington, M. D.
G. B. Krivchenia, M. D.

Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibold, M. D.
Robert T. Brandfass, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.
Frank M. Hudson, M. D.

Internal Medicine:
Charles H. Hiles, M. D.
Albert M. Valentine, M. D.
James A. Jacob, Jr., M. D.

Psychiatry and Neurology
Albert L. Wanner, M. D.
Stephen D. Ward, M. D.
David H. Smith, M. D.

Roentgenology:
William K. Kalbfleisch, M. D.

Clinical Laboratories:
Nancy Fondriest, M. T.

Technologists:
Electrocardiography:
Patricia Pastor, R. N.
Electroencephalography:
JoAnn Hastings
Roentgenology:
Evelyn Forester, R. T.

Business Managers
John H. Clark
Lester L. Cline

held. Mrs. Leonard B. Yurko was installed as president by Mrs. Simmons and Mrs. Edward A. Gretchen as secretary-treasurer.—Mrs. E. M. Clubb, Jr., President.

* * * *

HARRISON

Mr. Norman Laughlin of Fairmont, manager of the Upper Monongahela Valley Association, was the guest speaker at the regular monthly meeting of the Woman's Auxiliary to the Harrison County Medical Society at the Stonewall Jackson Hotel in Clarksburg on May 2.

Mr. Laughlin described the UMVA as ". . . an effective and aggressive, privately financed development organization . . . at work full time to lay the groundwork for our future." It is comprised of 500 individuals and businessmen in a ten-county area which includes Barbour, Harrison, Lewis, Randolph, Preston, Taylor, Tucker, Monongalia, Marion and Upshur Counties.

Mrs. Charles S. Harrison, the president, presided at the business meeting and Mrs. Paul E. Gordon was installed as the new president. Other officers for the coming year are Mesdames J. D. H. Wilson, president elect; Arnold Robert Marks, vice president; Karl A. Dillinger, secretary; and Walter H. Gerwig, treasurer.

* * * *

MARION

Mrs. William A. Ehrgott was installed as president of the Woman's Auxiliary to the Marion County Medical Society at the regular monthly meeting at the Town House Motel on April 30. She succeeds Mrs. Paul S. Gotses. Other new officers installed by Mrs. William T. Lawson, a past president, are as follows:

Mrs. K. D. Bailey, vice president; Mrs. Claude S. Lawson, Jr., corresponding secretary; Mrs. F. W. Mallamo, recording secretary; and Mrs. Carter F. Cort, treasurer.

* * * *

MERCER

Mrs. A. J. Villani of Welch, second vice president of the Woman's Auxiliary to the West Virginia State Medical Association, was the guest speaker at the regular monthly meeting of the Woman's Auxiliary to the Mercer County Medical Society at the Y Center in Bluefield on April 15.

Mrs. Villani, who was accompanied by Mrs. J. Hunter Smith of Welch, discussed the overall Auxiliary program with emphasis on the achievement of all goals, both large and small.

Mrs. J. E. Blaydes, Jr., was elected president for the coming year to succeed Mrs. Frederic C. Goodall of Princeton. Other officers named were as follows: Mrs. John J. Bryan, vice president; Mrs. James E. McGee, Jr., recording secretary; Mrs. William M. Bruch, corresponding secretary; Mrs. R. S. Gatherum, Jr., treasurer; and Mrs. John H. Sproles, parliamentarian.

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Book Reviews

ENDOCRINE AND METABOLIC ASPECTS OF GYNECOLOGY—By Joseph Rogers, M.D., Associate Professor of Medicine and Lecturer in Gynecology and Obstetrics, Tufts University School of Medicine. Pp. 189, with illustrations. Philadelphia and London: W. B. Saunders Company. 1963. Price $8.00.

This is a short book which is well written. It contains many worthwhile suggestions on the diagnosis and treatment of menstrual disorders and is also concerned with the systemic diseases which involve menstrual malfunction. The book is concisely written and starts out with a chapter on the physiology of menstruation. There is detailed description of the metabolism of estrogen and progesterone and the systemic changes that occur in a normal menstrual cycle.

There is also a section devoted to a discussion of chromosomal aberrations and the specific conditions involved. There are several chapters devoted to menstrual disorders in adolescents and one of the menopause, discussing the preferred management for this condition. There is data on the induction and control of ovulation, including the use of gonadotrophins prepared from human pituitaries.

The final chapters of the book are devoted to a discussion of the management of the infertile couple and the role of the physician in marriage counseling. This book is well worth reading.—Nicholas W. Fugo, M.D.

* * * *

SURGERY—By Richard Warren, M.D., in collaboration with members of the Department of Surgery of the Harvard Medical School. Pp. 1397, with illustrations. Philadelphia and London: W. B. Saunders Company. 1963. Price $19.50.

This is one of the most outstanding books on surgery that has been written. It was undertaken to fill a vacuum since Homan's textbook of surgery had become obsolete. Patho-physiology and diagnosis are empha-

New Saunders Books

W. B. Saunders Company features the following recent books in their full-page advertisement appearing on page vii in this issue:

Beeson and McDermott—"Cecil-Loeb Textbook of Medicine." The new (11th) edition of a world-famous text, with contributions by 173 noted authorities and details of more than 800 diseases.

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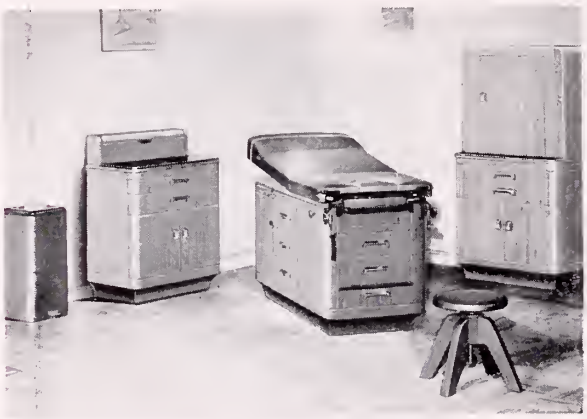

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sized as well as the general treatment of surgical problems. Surgical technique is not stressed and rightly so.

This is an ideal reference book for students and all other physicians interested in diagnosis of surgical diseases and their proper management. There are 34 chapters which include fractures, the reproductive tract, pediatric surgery, the brain and blood vessels. Chapters on wound management, fluid therapy, infections, the breast, and tumors are especially interesting.

No other textbook of surgery is comparable. It is highly recommended without reservation.—Bert Bradford, Jr., M.D.

* * * *

GASTROENTEROLOGY—Henry L. Bockus, M. D., Emeritus Professor of Medicine, University of Pennsylvania School of Medicine. Pp. 958, with illustrations. Philadelphia and London: W. B. Saunders Company. 1963. Price $25.00.

This first volume of the second edition is devoted to the examination of the patient, the esophagus, and the stomach. It is written by 30 contributors who have been or are now faculty members or students of the Graduate School of Medicine and the School of Medicine of the University of Pennsylvania. It is stated that this is not a new edition, but a complete rewriting.

Section one has six chapters devoted to history and physical examination. There is a chapter on the oral manifestations of internal medicine which is most instructive reading. The authors stress the roentgenoscopic examination as the most important laboratory aid in the diagnosis of diseases of the alimentary tract and state that organic diseases must be excluded by all examinations before a diagnosis of functional disease can be made safely.

Other sections deal with the esophagus, stomach and duodenum. These sections are considerably longer than the original edition with more space devoted to anatomy and physiology. There is a new chapter concerned with tests of esophageal function and there is further reference to cytology. The number of references is greatly increased. The increasing incidence of esophagitis, diaphragmatic and hiatal hernia, rates an increased bibliography, indicating an aroused interest in these conditions by radiologists and gastroenterologists.

This book of 927 pages is not only a complete reference volume, but contains minute information for everyday management of esophageal and gastric diseases. All those physicians who have used the original volume will be glad to be brought up to date. For general practitioners, internists or surgeons who have not been familiar with Bockus, this book will hold a deep interest.—George F. Evans, M. D.

Motion Picture Catalog

The American Medical Association has announced that it will publish an indexed catalog listing more than 4,000 medical motion pictures, covering every aspect of medicine and its allied arts. Expected release date of the catalog is late 1963.

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Correspondence

WEST VIRGINIA UNIVERSITY
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Morgantown

The School of Medicine
Office of the Dean

May 2, 1963

George F. Evans, M.D.
122 South Sixth Street
Clarksburg, West Virginia

Dear Doctor Evans:

I believe a misunderstanding must have arisen at the March 31, 1963, meeting of the Liaison Committee in Parkersburg. I recall discussion of the fact that we have been considering, with representatives of the West Virginia Chapter of the AAGP, specific proposals regarding the initiation of a voluntary preceptorship program for students at the West Virginia University School of Medicine. I am sorry, however, that the May issue of the West Virginia Medical Journal states that it was announced that the program would be placed in operation during the next school year.

A final decision in this regard has not yet been reached although the matter is currently under consideration, and it is certain that the decision will be made by about the first of July.

With all best wishes.

Sincerely,

(Signed) Clark K. Sleeth, M.D.
Dean

(Ed. The Journal regrets the premature announcement of this proposed program).

Change of Address

Members of the West Virginia State Medical Association are requested to notify the headquarters offices promptly concerning any change in address. Notices should be mailed to Box 1031, Charleston 24, West Virginia.

ACCP Establishes Fellowship

The Alfred A. Richman Fellowship for Chest Disease has been established by the Council on International Affairs of the American College of Chest Physicians.

The fellowship will make it possible for deserving physicians to pursue postgraduate study in an approved institution of their choice for a period of one year. The grants are $100 per month. Interested physicians should write the ACCP, 112 East Chestnut Street, Chicago 11, Illinois.

OFFICERS OF COMPONENT SOCIETIES

Society	President		Secretary		Meetings
Barbour-Randolph-Tucker	Raymond W. Cronlund	Philippi	A. Kyle Bush	Philippi	3rd Thurs.
Boone	W. V. Wilkerson	Whitesville	Harold H. Howell	Madison	2nd Wed.
Brooke	James E. Wise	Follansbee	H. L. Hegner	Wellsburg	
Cobell	Jack Leckie	Huntington	W. L. Neal	Huntington	2nd Thurs.
Centrol West Virginia	Elden H. Pertz	Weston	R. L. Chamberlain	Buckhannon	As Scheduled
Eastern Ponhandle	N. B. Groves	Martinsburg	F. A. Homilton, Jr.	Martinsburg	2nd Wed.
Fayette	Joe N. Jarrett	Oak Hill	Doro A. Blake	Oak Hill	1st Wed.
Greenbrier Volley	E. L. Crumpacker	White Sul. Spgs.	Robert G. Shirey	Lewisburg	2nd Wed.
Honcock	Irwin M. Bogarad	Weirton	David H. Williams	Weirton	2nd Tues.
Harrison	Andrew J. Weaver	Clarksburg	Richard K. Honifan	Clarksburg	1st Thurs.
Kanowha	Kenneth G. MacDonold	Charleston	William E. Lawton, Jr.	Charleston	2nd Tues.
Logan	Thomas P. Long	Man	Lyle A. Boyeo	Mon	2nd Wed.
Marion	C. S. Lawson, Jr.	Fairmont	G. Thomas Evons	Fairmont	Last Tues.
Marshall	Kenneth J. Allen	Moundsville	J. W. Myers	Moundsville	Semi-Ann.
Mason	C. Leonard Brown	Pt. Pleosant	Richard L. Slack	Pt. Pleasant	Bi-Monthly
McDowell	Dante Castrodale	Welch	J. Hunter Smith	Welch	2nd Wed.
Mercer	Jomes E. McGee	Bluefield	J. Brookins Toylor	Bluefield	3rd Mon.
Mingo	J. C. Lawson	Williamson	Russell A. Salton	Williomson	2nd Wed.
Monongolio	C. A. Logue	Morgontown	George A. Curry	Morgantown	1st Tues.
Ohio	Charles H. Hiles	Wheeling	H. G. Dickie, Jr.	Wheeling	4th Tues.
Parkersburg Acodemy	Robert M. Biddle	Parkersburg	F. P. Greene	Parkersburg	1st Thurs.
Potomac Valley	Lysle T. Veach	Petersburg	Robert W. McCoy, Jr.	Keyser	2nd Wed
Preston	F. A. Kennedy	Hopemont	C. Y. Moser	Kingwood	4th Thurs.
Raleigh	Preston C. Davis	Beckley	Warren D. Elliott	Beckley	3rd Thurs.
Summers	A. W. Holmes	Hinton	J. W. Stokes	Hinton	3rd Mon.
Taylor	K. H. Trippett	Grafton	Paul P. Warden	Grafton	Last Thurs.
Wetzel	Lemoyne Coffield	New Martinsville	Charles P. Watson	New Martinsville	Monthly
Wyoming	George F. Fordham	Mullens	Ross E. Newman	Mullens	Quarterly

CLASSIFIED

WANTED—Physician needed for general practice in Montgomery, W. Va., for relief work for one, two or three months during the summer. Fully equipped office and hospital available. Contact R. DeWitt Peck, M. D., 606 Third Avenue, Montgomery, W. Va.

RADIOLOGIST—Age 39, interested in relocating practice. University training includes diagnosis, therapy, isotopes and CO-60. Hospital position preferred. Write CEW, The West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia.

WANTED—General practitioner in Richwood. Citizens of this community are interested in helping physician and believe that the locality can offer an ambitious doctor many advantages. Contact Sr. M. Pia, C.M.P., Administrator, Sacred Heart Hospital, Richwood, W. Va.

AVAILABLE—Well-established obstetrical practice due to recent death of physician in Morgantown, W. Va. Good drawing area. Excellent facilities and well-equipped office. Write DWP, West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

RADIOLOGIST—Seeking new location in West Virginia. Certified and licensed to practice in West Virginia. Write JJJ, West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

PHYSICIANS WANTED—There is a dire need for at least two physicians in this area which is served by a new (3 years old), 25-bed, Hill-Burton Hospital. Excellent opportunity for a general practitioner and a surgeon, or a combination of the two. Citizens interested in helping physician establish practice. Contact Administrator, Calhoun General Hospital, Grantsville, W. Va.

WANTED — General Practitioner in Lumberport, W. Va. Attractive office available. Recent Sears-Roebuck Foundation Survey forwarded on request. Write Mrs. D. Ray Rogers, Lumberport, W. Va.

WANTED—General Practitioner in Danville, Boone County. Trading population of 5,000. Citizens of community interested in helping physician establish practice. Splendid opportunity. Contact Mr. Clarence White, Bank of Danville, Danville, W. Va.

PHYSICIAN WANTED—The citizens of Pennsboro are interested in procuring the services of a physician. Pennsboro has a population of about 2,000, with a trading population of more than 5,000. Excellent opportunity for a physician who would be received warmly and eagerly by the citizens in Pennsboro and surrounding area. Contact Mrs. Carolyn A. Tingler, R. N., Pennsboro, W. Va.

PHYSICIAN WANTED—A wonderful opportunity for a physician interested in practicing in the Eastern Panhandle. Contact Mr. Henry W. Miller, Consolidated Orchard Company, Paw Paw, W. Va.

AVAILABLE—Well established practice open due to death of physician. Central West Virginia—good drawing area. Well equipped office available. Hospitals 20 minute drive. Near WVU Medical Center. Write NAM, The West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

WANTED—Resident for recently approved three-year training program in Obstetrics and Gynecology. 3,356 admissions per year, of which more than 1,000 are clinic admissions, 3,844 clinic visits in last year and 910 service deliveries. Contact Dr. Irvin S. Perry, Director of Medical Education, Charleston Memorial Hospital, Charleston, W. Va.

WANTED—Associate radiologist to participate in coverage of two hospitals in North Central portion of West Virginia. Address correspondence to RAD, West Virginia Medical Journal, P. O. Box 1031, Charleston 24, West Virginia.

MALE PSYCHIATRIST—If you are a male psychiatrist under the age of 50, have your Boards or are Board eligible, you may be interested in directing a privately established out-patient psychiatric clinic in a favorable setting that offers rewarding work and $25,000 per year, net. Write MWH, The West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

WANTED—Physician urgently needed for general practice in Nutter Fort and Stonewood, W. Va. Near 5,000 population. Present physician had to retire due to illness. Modern and fully-equipped four-room office available. Contact Mr. Sam Colombo, 222 Court St., Clarksburg.

WANTED—Physician for general practice. Good opening. Associated with internist and surgeon. Write EKW, West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

WANTED—General practice resident. Available immediately. $500 per month. Associate with five other general practice residents in 215-bed general hospital. JCAH approved with active teaching program. U. S. citizen or those becoming eligible. Location excellent for future practice. Write to Administrator, Herbert J. Thomas Memorial Hospital, 4605 MacCorkle Avenue, S. W., South Charleston, W. Va.

PATHOLOGY RESIDENCY—Four-year fully approved A.P. and C.P. 280-bed general hospital; 6,000 surgicals; 23,000 clinical; 6:000 cytological; 140 autopsies (15 per cent medico-legal); Two Board Pathologists, A.P., C.P., F.P. University affiliation. Salary, $275 to $350 per month, $75 family allowance; Blue Cross. Contact Dr. Peter Ladewig, Charleston General Hospital, Charleston, W. Va.

WANTED—Physician to serve as Assistant State Director, Medical Services for Vocational Rehabilitation Division. Duties include consultation to professional staff, state-wide supervisor of medical services, and Medical Director of West Virginia Rehabilitation Center. Salary $13,932 to $18,669, depending on qualifications. Write Division of Vocational Rehabilitation, State Capitol Building, Charleston 5, W. Va.

WANTED—Physicians needed to take over established practice of deceased physician. Modern office available in community located in Southern West Virginia. Trading population of 75,000. Splendid opportunity for one or more physicians. Contact BLW, The West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

WANTED—The Tug-Sandy-Central Corporation of Commerce of Fort Gay, W. Va., is interested in obtaining a physician for that community, which has a trading population of about 10,000. Will assist in establishing physician in practice. Two medium size hospitals with modern equipment in adjoining city of Louisa, Ky. Contact Henry H. Wellman, Committee Chairman, Fort Gay, W. Va.

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Persistent Hypersplenism Following Portacaval Shunt

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Guido Banti[1], in 1894, described a chronic fatal disease of unknown origin as being primary in the spleen. He mentioned that the condition was characterized by splenomegalia, anemia and leukopenia, a tendency to gastric hemorrhage and by cirrhotic changes in the liver. In this original paper he emphasized the absence of contributing infection, intoxication, alcoholism and irritating food but postulated that the entire process was initiated by an unknown "splenotoxin." In the beginning and for the next several decades the name, "Banti's disease," was applied to the aforementioned condition and splenectomy, when possible, was considered to be the "only logical treatment[2]."

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Viewed as Syndrome

By the middle of the twentieth century, many observers began to regard the Banti picture not as a specific disease entity but, rather, as a syndrome that might be produced from a variety of causes. Long-standing portal hypertension was becoming recognized as capable of producing a clinical picture practically indistinguishable from that of Banti's syndrome[3].

Banti's theory that the disease originated in the spleen and then gave rise to cirrhosis has been abandoned. At present, the term, "Banti's syndrome," is applied to any type of portal hypertension accompanied by splenomegalia and anemia[4].

Whipple[5], in 1945, reported the removal of the spleen for anemia and Banti's syndrome but stated that any relief gained was usually not permanent. Blakemore and Lord[6] felt that in cirrhosis of the liver with a large spleen, it would be logical and safe to remove the spleen at the time of portacaval shunt if the spleen failed to shrink satisfactorily.

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An Advantage of Portacaval Shunt

Treatment of the spleen seems to depend on the type of surgical procedure chosen for portal decompression. The various procedures are governed by indications based on the site of block or persistent bleeding or both.[7,8,9,10] Resection of the lower portion of the esophagus and varix-bearing portion of the stomach often is accompanied by removal of the spleen, and splenorenal shunt necessitates splenectomy in order to carry out the procedure. On the other hand, portacaval shunt does not require splenectomy at the time of operation.

It is felt by many that splenectomy alone should be performed only when there is positive proof of splenic vein obliteration. In the treatment of portal hypertension, splenectomy has been virtually abandoned because of discourag-

Figure 1

ing follow-ups observed in the Spleen Clinic of the Presbyterian Medical Center in New York.[5,9]

Spleen-Anemia Relation

Persistent anemia following portal decompression probably is related physiologically and mechanically to the spleen. The spleen is implicated by inference only, since no specific substances as yet have been isolated from this organ which will reproduce such a picture.

It is believed that following shunt procedures, the decompressed spleen usually will revert to normal size, with a comparable return to normal of the blood picture. Laufman[11] states that following a direct portacaval shunt there is a substantial rise in platelets commensurate with gradual shrinkage of the spleen and that only occasionally does this platelet count become reduced to a low figure.

Blood Picture

Macpherson and Innes[12] have studied in detail the blood picture in portal hypertension. They reported that in 46 cases treated by splenectomy alone or by splenectomy and splenorenal anastomosis, the hypersplenism was rapidly relieved. In three cases treated by portacaval shunt, the spleen became smaller after operation and the anastomosis was considered patent, but no improvement was seen in the peripheral blood picture other than that which might be seen after control of hemorrhage and iron administration. In another case, one similar to the case reported here, delayed splenectomy was performed because of leukopenia and thrombocytopenia. Following splenectomy, the predictable changes were seen. This indicated to these investigators that the spleen must have some influence on the platelet and leukocyte reduction.

Spleen Shrinkage Delay

Blakemore[13] has observed cases with failure of spleen shrinkage initially following surgery, but with considerable shrinkage after the lapse of one to one and one-half years. In Blakemore's[13] experience, three splenectomies were necessary after shunt procedures to relieve serious anemia.

Boyd[14] feels that much of the improvement following splenectomy is due not so much to the release of effects by the spleen but to the release of the liver from overwork. Since, in conditions of hyperactivity of the spleen, red cells are in some way sensitized and on reaching the liver are destroyed, the already damaged liver is then obliged to handle an extra load of red cell products. In addition, since splenic blood flow is roughly 25 per cent of portal blood flow, splenectomy alone would decrease the portal volume that much, whereas splenectomy and shunt would further decrease portal volume and pressure.

A report of our recent experience in a case in which, following a shunt procedure for portal hypertension due to intrahepatic block, the spleen failed to shrink satisfactorily within a period of observation follows. Associated with the enlarged spleen was persistent pancytopenia, as manifested by persistent low erythrocytes, leukocytes and circulating platelets. Subsequent splenectomy in this case was followed by a satisfactory return to normal of the blood picture.

Case Report

L. S., a 26-year-old white male, was admitted to the hospital on March 8, 1954, with the chief complaint of having vomited bright red blood in recent months. The patient was relatively well until July, 1953, at which time he had several bouts of hematemesis. The stools remained black for several days following each of these episodes. He was admitted to another hospital and transfused with whole blood. A gastrointestinal series

at that time was reported as negative. He was discharged and returned to work, remaining asymptomatic until some time in January, 1954, when he again vomited blood, was hospitalized, and given transfusions. Repeat gastrointestinal x-rays were reported as negative. Bone marrow studies were considered to be normal. Peripheral blood determinations were recorded as follows: platelets 70,000; hemoglobin 8 Gm.; white blood cells 3,000; BSP 8 per cent retention in 45 minutes, 0 per cent in one hour. A tentative diagnosis of Banti's syndrome was made and the patient was referred to us for treatment.

The past history was non-contributory.

Pertinent findings on examination were as follows: A grade II systolic murmur, heard best in the second left interspace close to the sternal border. The pulmonic second sound was faintly heard. No prominent veins were found on the body surface. There was an easily palpable non-tender mass in the left upper quadrant of the abdomen which extended down to the umbilicus. The liver was palpable 4 cm. below the right costal margin and was not tender. There were no prominent hemorrhoids.

Initial laboratory work showed marked anemia. Barium swallow on two occasions with and without amyl nitrite did not conclusively show any varices of the lower esophagus. X-ray study of the stomach and duodenum revealed no craters nor other abnormality. The stomach was displaced by a large mass which was thought to be spleen. Esophagoscopy on two occasions revealed no varices.

On the basis of further laboratory determinations, a tentative diagnosis of portal hypertension with questionable esophageal varices was made. It was decided to prepare the patient for surgery and determine portal pressures and the actual site of the block at laparotomy, the definitive procedure to be dictated by findings. Percutaneous portal venography was considered but

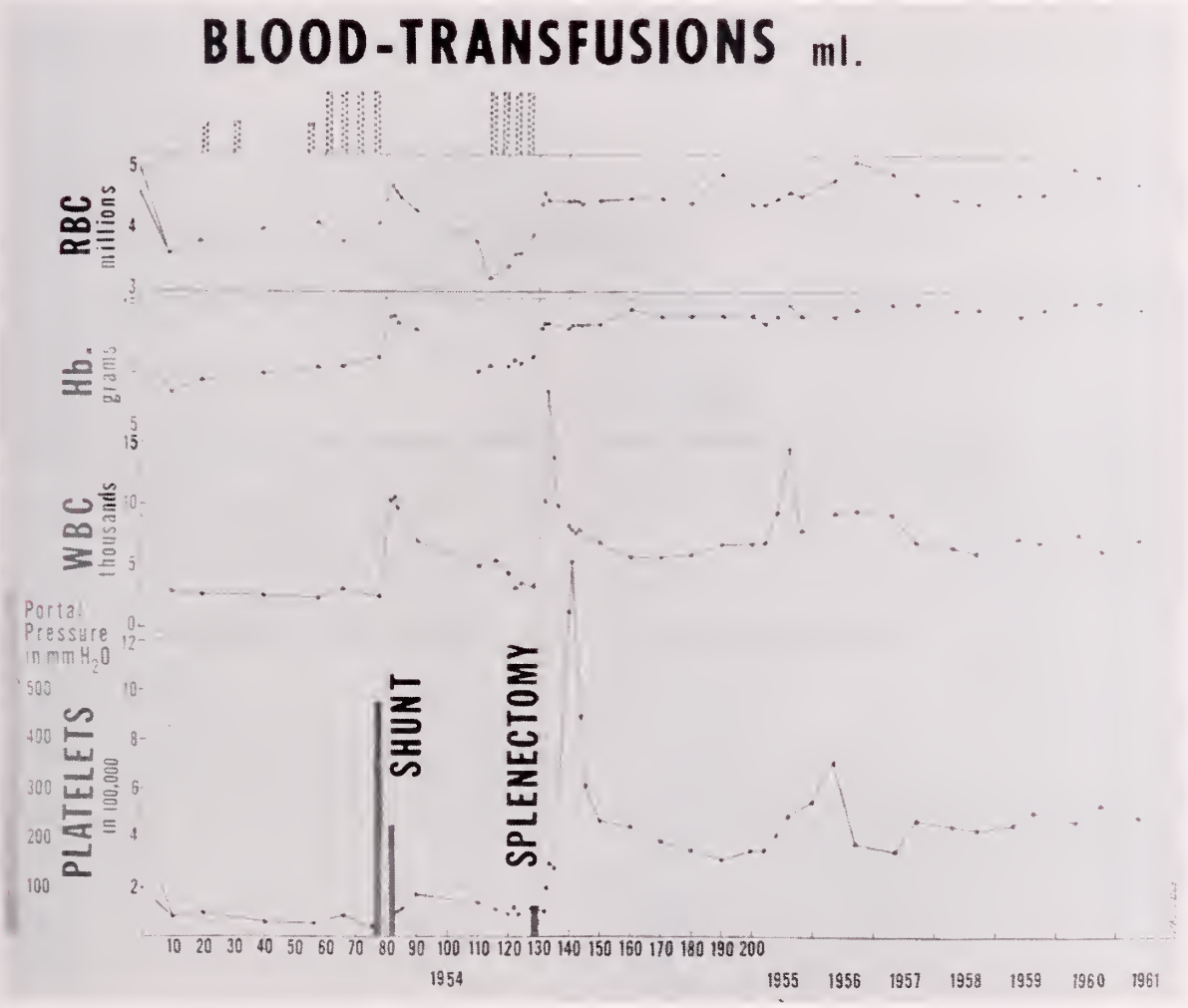

Figure 2

not performed since negative portal filling would not be informative.

The abdominal cavity was explored through a transverse incision at the level of the 8th rib. A large spleen could be seen and palpated. It was rather tense and immovable. A fleshy, pink, hobnailed liver also could be seen and a biopsy specimen was removed.

Portal pressures through mesenteric tributaries were measured with a saline manometer. A pressure of 470 mm. of saline was measured consistently. The most probable site of the block was considered to be intrahepatic. Accordingly, the incision was extended into the right chest with displacement of the liver upward. The portal vein was dissected free and found to be soft, patent and of adequate diameter for a shunt. There was much perivenous fibrosis and oozing but the dissection was not unduly complicated. An end-to-side portal vein to vena cava shunt was performed without incident. The spleen was not removed.

Following the shunt there was no apparent change in the size of the spleen but the mesenteric veins appeared to be collapsed and deflated. Portal pressures were repeated and read 280 mm. of saline. The patient withstood the surgery well and made an uneventful recovery. Pathological examination of the liver biopsy revealed early cirrhosis with severe fatty changes.

During the next six weeks transfusions were necessary to keep the blood elements, i.e., platelets, WBC, RBC and hemoglobin, up to a satisfactory level. Because of this and the elevated serum bilirubin and persistent pancytopenia, it was decided to perform splenectomy.

At the time of splenectomy, pressures measured through the splenic vein were recorded at 98 to 120 mm. of saline. A repeat liver biopsy revealed periportal fibrosis but the severe fatty changes were not seen.

The pathological report of the spleen was as follows: "The spleen weighs 820 Gm. when empty of blood and measures 23 x 13 x 7 cm. in its greatest diameters (Figure 1). Sections show thickened, irregular capsules with prominent trabeculae. Malpighian corpuscles are atrophied and show loss of germinal centers. Vascular sinuses are dilated, numerous and prominent. Siderofibrotic nodules are seen."

The patient made an uneventful recovery from the second operation. Follow-up examinations in this case have been made for a period of eight years. There has been no recurrence of hematemesis nor of melena. The graphic chart (Figure 2) portrays the adjustment to and continuation within a normal range of certain blood elements.

Summary

A case of intrahepatic portal obstruction with portal hypertension, splenomegalia and hypersplenism is reported. The portal hypertension responded favorably to an end-to-side portacaval shunt. The splenomegalia remained unchanged and the hypersplenism persisted, requiring repeated blood transfusions. Following subsequent removal of the spleen, the manifestations of hypersplenism were alleviated. The patient has been followed for eight years. He remains well and healthy and is gainfully employed.

References

1. Banti, G.: La Splenomegalia con Cirrhosi Epatica, Sperimentale, Arch. di biol., 1894, Sez. Biol. XLVIII, 407.
2. Cecil, R. L.: A Textbook of Medicine, ed. 2, Philadelphia, W. B. Saunders Company, 1931, pp. 1216-1226.
3. Cecil, R. L.: Ibid., ed. 7, 1947, pp. 1073-1075.
4. Harrison, T. L., et al.: Principles of Internal Medicine, ed. 4, New York, McGraw-Hill Company, 1962, pp. 155-6 and 1336-7.
5. Whipple, A. O.: The Problem of Portal Hypertension in Relation to the Hepatosplenopathies, Ann. Surg. 122:449, 1945.
6. Blakemore, A. H. & Lord, J. W.: The Technique of Using Vitallium Tubes in Establishing Portacaval Shunts for Portal Hypertension, Ann. Surg. 122:476, 1945.
7. Le Roy, G. V.: Disease of Spleen, M. Clin. North America 37:181, 1952.
8. Lord, J. W.: Portal Systemic Shunts in the Management of Portal Hypertension With Massive Gastrointestinal Hemorrhage, Rev. Gastroenterol. 20:295, 1953.
9. Blakemore, A. H. & Fitzpatrick, H. F.: Surgical Management of the Post-Splenectomy Bleeder With Extrahepatic Portal Hypertension, Ann. Surg. 134:420, 1951.
10. Linton, R. R.: Selection of Patients for Portacaval Shunt With Summary of Results in 61 Cases, Ann. Surg. 134:433, 1951.
11. Laufman, H.: Physiological Basis for Surgery in Portal Hypertension, S. Clin. North America 34:113, 1954.
12. Macpherson, A. I. S. & Innes, J.: Peripheral Blood Picture After Operation for Portal Hypertension, Lancet 1:1120, 1953.
13. Blakemore, A. H.: Personal communication to the authors.
14. Boyd, W.: Textbook of Surgical Pathology, ed. 6, Philadelphia, W. B. Saunders Company, 1947.

Atelectasis: Its Diagnosis and Significance

George W. Butz, Jr., M. D., and Harold I. Amory, M. D.

The importance of atelectasis in the diagnosis of chest disease scarcely can be exaggerated. Always of significance both in inflammatory and in postoperative conditions, atelectasis has become even more important in recent years as an early finding in carcinoma of the lung. With the advances in anesthesia and in surgical techniques, the thorax now can be entered surgically with impunity. There has been no concomitant improvement, however, in salvage statistics referable to patients with bronchogenic carcinoma. Earlier diagnosis, mainly by routine chest roentgenograms, seems to offer the chief hope of improving the cure rate of the disease. To this end recognition of early signs of atelectasis is important.

Representative examples of the most frequently encountered types of atelectasis seen at West Virginia University Medical Center will be presented. Both benign and malignant examples are represented with appropriate chest roentgenograms. Discussion of some of the pitfalls of diagnosis as well as useful signs in diagnosis will be given. Although a comprehensive review of the entire subject of atelectasis hardly can be attempted in a paper of this nature, it is hoped that discussion of the most frequently seen types will prove useful.

Case Reports

Case 1.—J. H., a 44-year-old white male, poultry farmer, was admitted to the hospital with a 10-week history of upper respiratory infection, cough and hemoptysis. Plain chest films showed a 5 cm. mass in the right upper lobe. A diagnosis of lung abscess was made and right upper lobectomy performed. Postoperatively there was massive collapse of the remaining right lung. Repeated bronchoscopy and intermittent positive pressure breathing were necessary to reexpand the lung. A favorable outcome ensued and the patient was asymptomatic on discharge.

Case 1 illustrates massive collapse of an entire lung. Atelectasis of this degree usually results in severe respiratory distress and demands prompt treatment. Figure 1, after partial reexpansion, clearly demonstrates the marked mediastinal shift toward the collapsed lung, elevation of the right hemidiaphragm and contralateral compensatory emphysema. Vigorous treatment, including early bronchoscopy and intermittent positive pressure breathing, afforded a good result.

Case 2.—M. S., a 52-year-old white male, utility repairman, presented with a history of an upper respiratory infection for the previous four weeks. A cough productive of clear sputum and a pleuritic type pain over the right hemithorax also were present. The patient had smoked one

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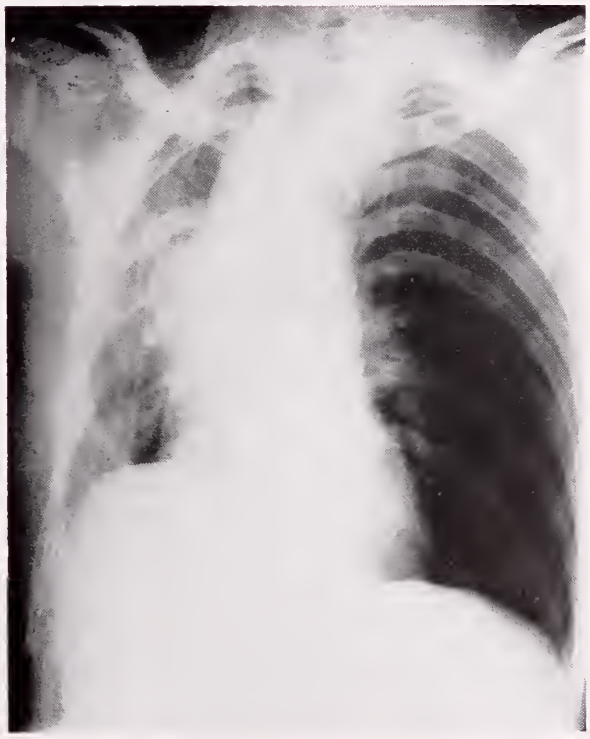

Figure 1. Atelectasis of remaining right lung.

pack of cigarettes per day for many years. Chest films (Figures 2A and 2B) revealed atelectasis of the right upper lobe. After further workup, thoracotomy was done, disclosing undifferentiated carcinoma of the right upper lobe with metastases to the mediastinum.

Minimal symptomatology with collapse of an entire lobe is illustrated in Case 2. The P-A chest film (Figure 2A) reveals the classic S-shaped curve (Golden) formed by the elevated minor fissure and the tumor itself. Also of importance is the inconspicuous appearance of the collapsed lobe on the lateral film (Figure 2B). Only minimal elevation of the right hemidiaphragm and mediastinal shift is seen. Minimal compensatory emphysema of the left lung is present.

Case 3.—F. R., a 75-year-old white male, retired railroad worker, entered the hospital with the complaint of a "cold" which had persisted for two months. Plain chest films (Figures 3A and 3B) revealed atelectasis of the right middle lobe associated with a large cavity containing an air fluid level. The patient's sputum was green, purulent and blood tinged. Bronchoscopy and bronchography revealed occlusion of the right middle lobe orifice. Inhalation therapy with aerosols was instituted and shortly following bronchoscopy he suddenly coughed up a large amount of dark, amber colored material, with prompt disappearance of the fluid in the cavity and with clearing of the atelectasis.

Case 3 illustrates several principles pertinent to middle lobe atelectasis. Diagnosis is difficult from a single P-A film only. The middle lobe collapses medially and is replaced by compensatory emphysema of the upper and lower lobes. The necessity of getting a lateral view in suspect cases is well demonstrated by Figure 3B which shows the usual pattern of middle lobe collapse, but with the addition here of the partly superimposed abscess cavity.

Middle lobe atelectasis or the "middle lobe syndrome" is well documented. According to Brock[2], the vulnerability of the middle lobe is due to the length of the middle lobe bronchus, its pliability, its acute angle of origin, and the distribution of lymph nodes at its origin. Brock[3] notes the high incidence of tuberculous infection in his series of cases. Graham[5] and his colleagues described the middle lobe syndrome in cases of nontuberculosis infection. Other observers, including Virkkula[7], have noted a frequent incidence of carcinoma in middle lobe atelectasis.

Case 4.—A. C., a 15-month-old white male infant, was admitted to the hospital with jaundice, also with symptoms of right lower lobe pneumonia. The infant was retarded mentally and phy-

Figure 2A. Right upper lobe atelectasis, P-A and lateral views.

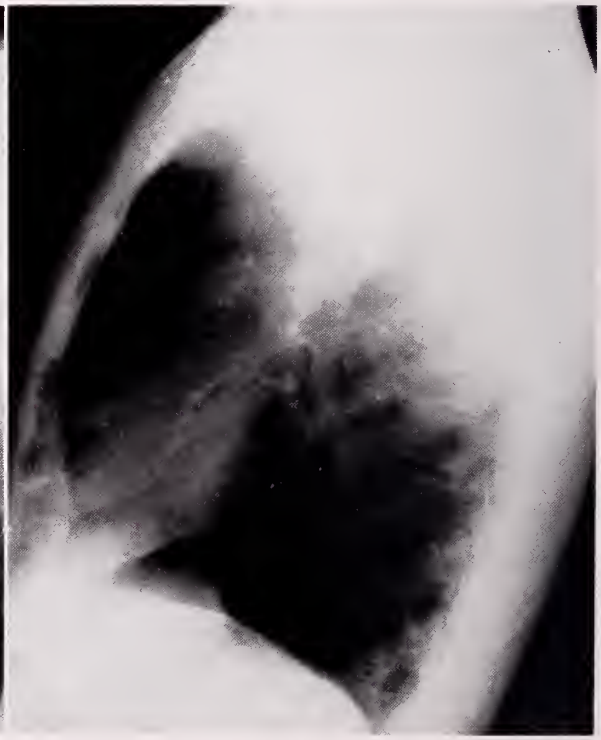

Figure 2B. Lateral View.

sically. After appropriate antibiotic and supportive therapy he was discharged with complete clearing of the jaundice and resolution of the pulmonary infiltrate.

The roentgenographic appearance (Figures 4A and 4B) is typical of right lower lobe atelectasis. Along with the increased density of the right lower lung field, several other diagnostic features are seen. The major fissure is pulled backward by the collapsed lower lobe and is seen on the lateral film with an anterior convexity. There is no sharp superior border to the infiltrate on the P-A film due to the obliquely running major fissure, making the infiltrate dense inferiorly and "fading off" superiorly. The "silhouette" sign (Felson) is well demonstrated here. The right cardiac border is sharply outlined indicating that the atelectatic lobe is posterior to the heart border. If the middle lobe were collapsed, the cardiac border would be obliterated.

Also of importance in Case 4 is the differentiation between atelectasis and infiltration and between infiltration with atelectasis and each of the other two entities. The case represents infiltration with atelectasis as sometimes happens with pneumonitis. With pure infiltration, the area of lung involved retains its normal volume and causes none of the characteristic signs of atelectasis such as displacement of fissures or compensatory emphysema.

Case 5.—P. Z., a 70-year-old white male, retired carpenter, entered the hospital with a history of chest pain for five years. For two weeks prior to admission the pain was precordial and became worse when he lay down. He had a weight loss of 20 pounds in the previous six months. Chest films (Figures 5A and 5B) showed atelectasis of the left upper lobe. Bronchoscopy and a scalene node biopsy were normal. At thoracotomy bronchogenic carcinoma of the left upper lobe was found and lobectomy performed. The patient tolerated the surgery well; there was no evidence of recurrence one year later.

Other than incidental mild emphysema, Case 5 illustrates typical findings of left upper lobe atelectasis. Most prominent, of course, is the increased density in the left upper lung field. Also significant are the tracheal deviation and the slight compensatory emphysema of the lower lobe. It will be noted that even though an entire lobe is collapsed, there is no elevation of the left hemidiaphragm and that the interspaces on the left are not narrowed.

Case 6.—R. B., a 21-year-old white male, was admitted to the hospital after being shot in the neck by a .22 caliber rifle while squirrel hunting. The bullet fragments lodged in the cervical spine near the cord. Marked edema of the neck and posterior pharynx had developed and was caus-

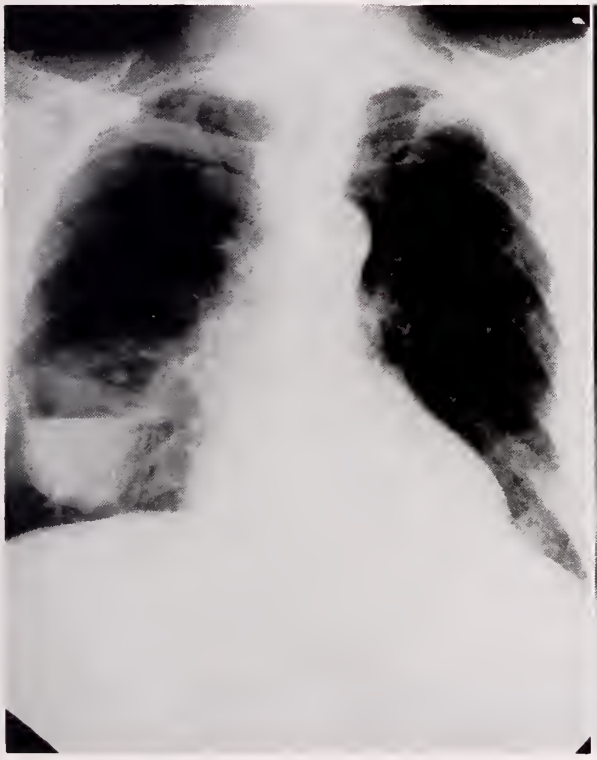

Figure 3A. Right middle lobe atelectasis associated with fluid filled cavity.

Figure 3B. Lateral View.

ing dyspnea and dysphagia. A tracheostomy was done and the patient fed intravenously. He was kept at strict bed rest to minimize neurological damage to the cord. During his hospitalization left lower lobe atelectasis (Figures 6A and 6B) developed as a result of the dysphagia and the constant dependent position of the lower lobes, the latter resulting from enforced inactivity in a sitting position. As the edema subsided the patient could swallow again and the tracheostomy tube was removed. The atelectatic lobe expanded following tracheal aspiration.

Case 6 represents one of the most difficult types of atelectasis to diagnose on a single P-A film because the collapsed lobe lies behind the cardiac shadow. On careful inspection, however, increased density of the cardiac shadow will be apparent. Other significant features include increased radiolucency of the left upper lung field representing the emphysematous upper lobe and a "fanning out" of the segmental pulmonary arteries of the upper lobe. In addition, the left border of the heart is seen more sharply than usual. The corresponding lateral film (Figure 6B)

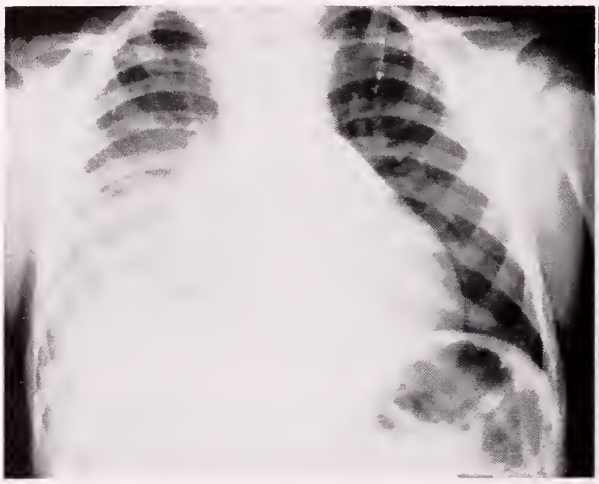

Figure 4A. Right lower lobe atelectasis.

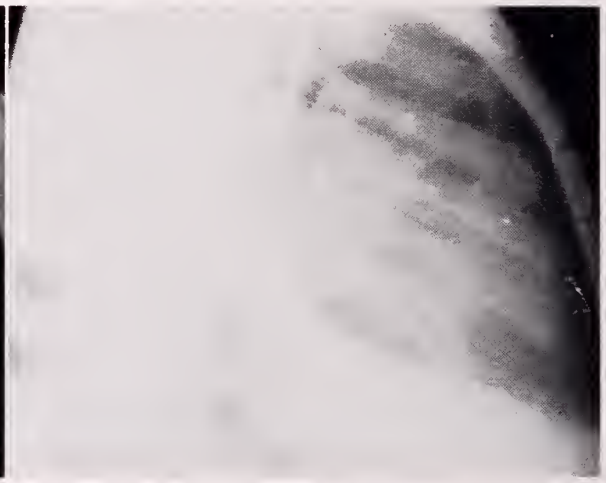

Figure 4B. Lateral view.

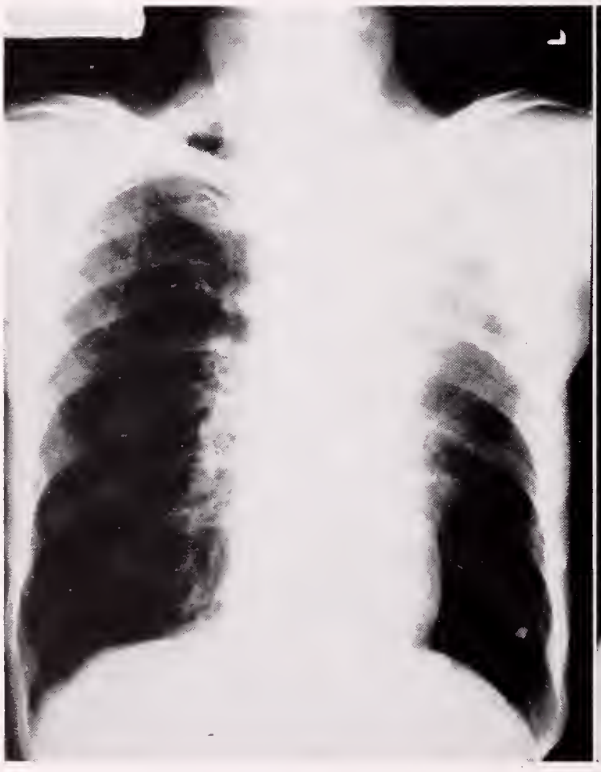

Figure 5A. Left upper lobe atelectasis.

Figure 5B. Lateral view

shows posterior displacement of the major fissure and marked increase in density in the retrocardiac area.

Case 7.—A. B., a 34-year-old white male, plumber, was admitted via the emergency room following an accident in which he was thrown from his truck and pinned between it and a wall. The obvious injuries were superficial but he complained of moderately severe chest pain. A chest film (Figure 7) revealed at least one fractured rib. After a period of observation, he was discharged and followed as an outpatient. Serial chest films revealed atelectasis of the "platelike" type (Figure 7) in both bases. The lesion gradually cleared.

Probably not true atelectasis but included in this general subject is "platelike" atelectasis which typically occurs in association with a high, voluntarily splinted diaphragm such as that in Case 7. A similar situation with pain and voluntary splinting exists following upper abdominal surgery.

Case 8.—W. S., a middle aged white male, was subject to intermittent colds and coughing spells. On admission to the hospital, he complained of a persistent cough, with mucopurulent sputum. Chest films (Figures 8A and 8B) revealed atelectasis of the anterior basal segment of the left lower lobe. In addition, emphysema and evidence of old inflammatory disease were present.

At bronchoscopy blood-tinged material was found at the segmental bronchus level of the left lower lobe. Biopsy of soft, granular material that was present revealed bronchogenic carcinoma. Left lower lobectomy was accomplished and revealed a small obstructing carcinomatous lesion affecting only the anterior basal segment. A short time after lobectomy, the lesion recurred but the patient moved to California and was lost to further follow-up.

Early occlusion of a segmental bronchus by bronchogenic carcinoma is illustrated in Case 8. Atelectasis of a bronchial segment frequently is an early sign of bronchogenic carcinoma and may indicate a small, more peripheral tumor with a significantly better prognosis than that of the more frequently seen hilar lesion.

Causes and Categories

Obstruction of a bronchus or bronchial segment with subsequent absorption of the trapped air is the significant causative factor in atelectasis according to most observers. Although bronchial occlusion is the prime cause, there are other conditions which contribute to its development, among them (1) decreased respiratory movement, (2) decreased cough reflex and (3) decreased movement of cilia lining the respiratory epithelium.

Decreased respiratory movement may result from underventilation during a surgical procedure or it may be voluntary because of postsurgical pain. A decreased cough reflex often is produced by narcotic drugs given after surgery. As extreme examples of suppression of cough, Harris[6] reports 5 cases in which the patients learned to suppress their cough reflexes completely, with subsequent development of massive atelectasis from retained secretions. Decreased ciliary activity during and following general anesthesia has been reported.

For purposes of simplification the causes of atelectasis may be categorized as benign and

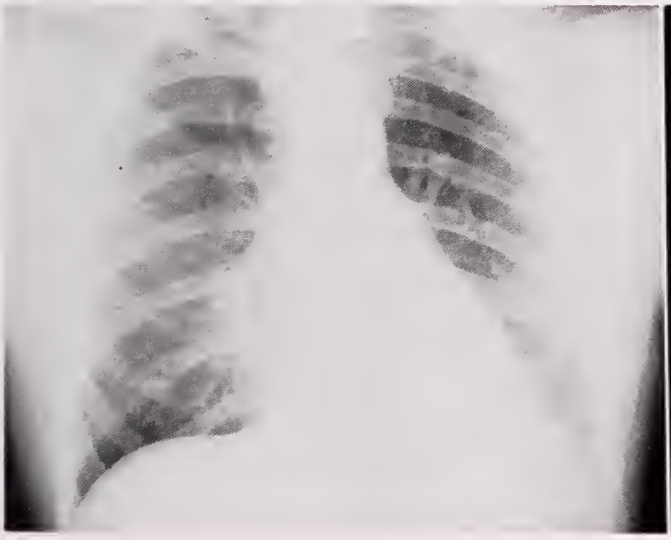

Figure 6A. Left lower lobe atelectasis.

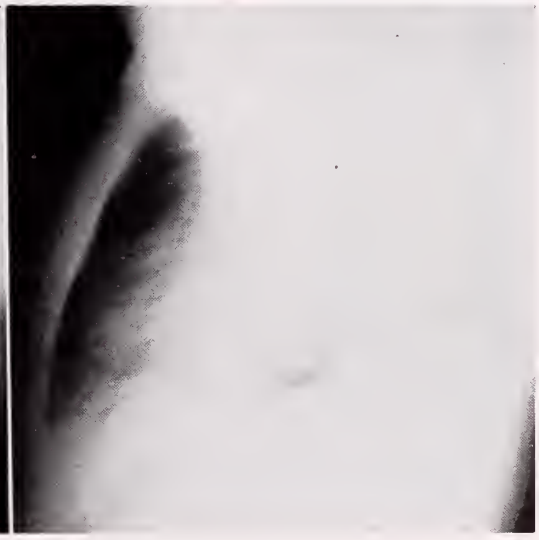

Figure 6B. Lateral View.

malignant. Diagnosis is equally important in each but for different reasons. Diagnosis of atelectasis from benign causes must be made early to ensure prompt and vigorous treatment before the development of infection and eventual loss of significant pulmonary function. Galbraith and Steinberg[4] have shown that in dogs atelectasis of less than twenty-four hours' duration is fully reversible but if allowed to persist for a longer period usually will result in pneumonitis, abscess formation and eventual lung necrosis. This critical period in humans may be much longer and is certainly altered by antibiotics, but with each passing day the danger of permanent damage increases.

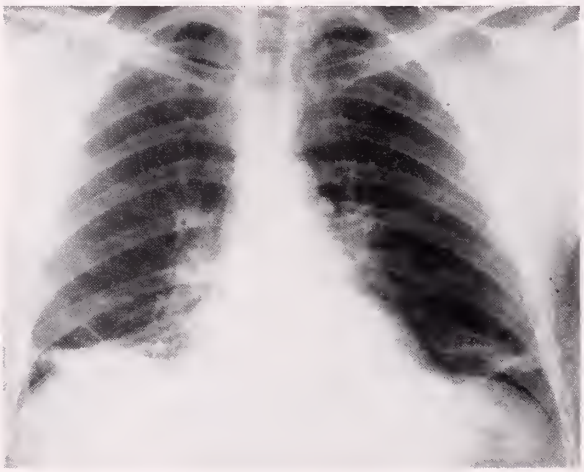

Figure 7. "Platelike" or lamellar atelectasis.

The significance of atelectasis in the diagnosis of lung tumor is self-evident. Of special importance is early discovery of segmental atelectasis (Case 8) before a tumor has enlarged enough to cause lobar atelectasis with a correspondingly greater probability of mediastinal spread. It should be emphasized that early obstructive atelectasis may be completely asymptomatic, in contradistinction to true pulmonary infiltration.

The classical signs of atelectasis, namely, a displaced mediastinum, elevated hemidiaphragm and narrowed interspaces, are mentioned only to show how rarely they are present in the average instance. In Case 6, for example, an entire lobe was collapsed with no significant evidence of these classical signs. Although usually conclusive when present, they occur very late and are not of much practical value.

Other than increased density of the lung fields, pertinent diagnostic signs of atelectasis include displacement of the major or minor fissures (Cases 2, 3, 4, 5, 6, 8), fanning-out of blood vessels (Cases 2, 5, 6), changes in appearance or position of the hilar structure (Cases 2, 3, 4, 5, 6), and compensatory emphysema of remaining lobes (Cases 1, 2, 3, 4, 5, 6).

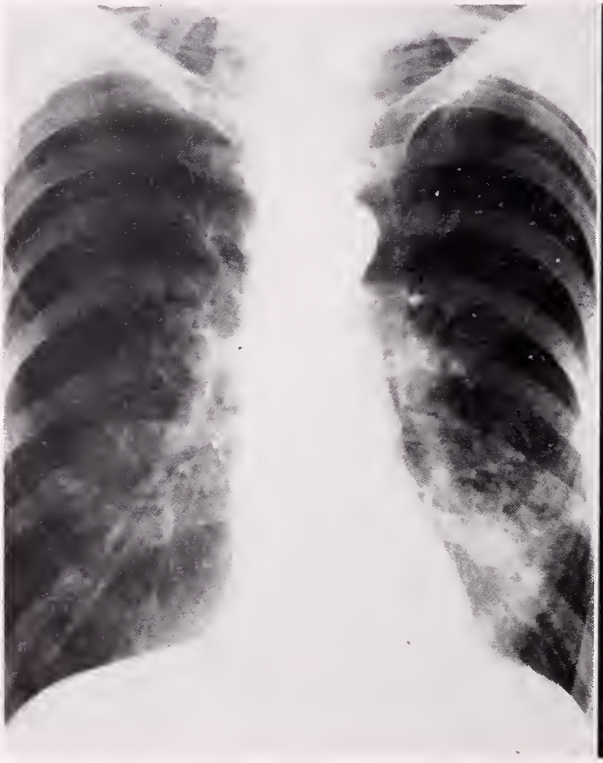

Figure 8A. Segmental atelectasis.

Figure 8B. Lateral view.

Treatment

Treatment of atelectasis is dependent on the instigating factor. If atelectasis is found on a routine chest film in the case of an asymptomatic person, especially a male over 50 who has been a heavy smoker, a workup including bronchoscopy and bronchography and, often, laminography is indicated. In this group a significant number of cases of bronchogenic carcinoma will be found. The "pneumonia" which does not clear on usual treatment is a similar problem but is accompanied by the usual signs of infection. When a definite diagnosis cannot be made in these cases, thoracotomy usually is indicated.

Atelectasis in the postoperative period is diagnosed with a frequency directly related to the suspicion of the attending physician. Becker[1] found an incidence of 51 per cent in a series of cases in which the patients had undergone upper abdominal surgery (gastrectomy and cholecystectomy). Postoperative atelectasis most frequently is of the "platelike" or lamellar type found in the lung bases and is associated with a high diaphragm and poor respiratory effort. Less frequent than "platelike" atelectasis but still commonly seen is atelectasis of the segmental or lobar variety and, occasionally, collapse of an entire lung. Deep breathing and coughing assuredly are important in preventing and correcting atelectasis. Endotracheal aspiration is helpful when the patient is unable or unwilling to cough. In refractory cases or when a lobe or an entire lung is collapsed, bronchoscopy should be done early. Intermittent positive pressure respiration, with aerosols, also is of significant benefit.

Summary

Atelectasis (ateles, "imperfect" and ektasis, "expansion") of various types and from various causes both benign and malignant is discussed. Significant diagnostic signs as well as common sources of diagnostic error are mentioned. Some signs of the disease commonly looked for appear, it seems, only rarely. Contributory causes of atelectasis are discussed briefly. Finally, the importance of early diagnosis whether the cause be malignant or benign is stressed.

References

1. Becker, A., Barak, S., Braun, E. and Meyers, M. P.: Treatment of Postoperative Pulmonary Atelectasis With Intermittent Positive Pressure Breathing, Surg., Gynec. & Obst. 111:517, 1960.
2. Brock, R. C.: Anatomy of the Bronchial Tree With Special Reference to the Surgery of Lung Abscess. New York, Oxford, 1946.
3. Brock, R. C.: Post-tuberculous Bronchostenosis and Bronchiectasis of Middle Lobe, Thorax 5:5, 1950.
4. Galbraith, E. G. & Steinberg, B.: Developmental Mechanism of Pulmonary Atelectasis, Ann. Otol. 46:801, 1937.
5. Graham, E. A., Burford, T. H. & Mayer, J. H.: Middle Lobe Syndrome, Postgrad. M. J. 4:29, 1948.
6. Harris, M. S.: Pulmonary Atelectasis Due to Voluntary Suppression of Cough, Dis. Chest, 39:539, 1961.
7. Virkkula, L. & Laustela, E.: Atelectasis of the Middle Lobe, Acta chir. Scandinav. 119:343, 1960.

Chronic Disability

If any major attack is to be made on the problems of chronic disability, the general hospital and the individual practicing physician must be the focal points of the attack. It is only in doctors' offices and in general hospitals that such services can be brought to the patient at the earliest possible time and that the costly and damaging physical, emotional, social and vocational sequelae of the acute disease process or trauma may be alleviated or minimized.

Rehabilitation of the chronically ill and the chronically disabled is not just a series of restorative techniques—it is a philosophy of medical responsibility. Failure to assume this responsibility means to guarantee the continued deterioration of many less severely disabled persons until they, too, reach the severely disabled and totally dependent category. The neglect of disability in its early stages is far more costly than an early, aggressive program of rehabilitation which restores the individual to the highest possible level of physical, economic, social and emotional self-sufficiency.—Howard A. Rusk, M. D., in Journal of the Medical Association of Alabama.

Insulin Resistance and Antagonism And Their Clinical Significance*

Grant Gwinup, M. D.

I take this opportunity to express to you, the members of the West Virginia Diabetes Association, my pleasure in accepting your invitation to speak before your group about one of the more exciting chapters in the long story of our attempts to understand diabetes mellitus.

Perhaps a better title might have been chosen for this discussion because, as you will note, I am going to speak not only about factors related to insulin resistance and antagonism but also (for the sake of completeness) about a number of factors having little to do with genuine antagonism to insulin.

Reactions

First, let's consider the matter of local reaction to insulin injection. If you carefully question the diabetics you place on insulin for the first time, you will find that approximately a third complain of redness and induration at the injection site. The reaction, however, rarely is severe and fortunately tends to disappear after the patient has been on insulin for two or three months. If unusually bothersome, it can be eliminated, as a rule, by boiling the insulin briefly (this does not destroy its hypoglycemic activity) or by using insulin which has been repeatedly recrystallized[1]. Such dermal reaction undoubtedly is due to impurities in bottled insulin and is not a reaction to the insulin molecule itself. Much less frequently observed is a more severe allergic manifestation of insulin administration such as angioneurotic edema or an anaphylactic reaction. Such disturbances often follow the reinstitution of insulin administration after a period in which the patient has received no insulin at all. They may present serious problems, particularly if the patient must have insulin. Measures such as changing to special all-pork or all-beef insulin and initiating gradual desensitization have met with some success.

*Presented before the Annual Meeting of the West Virginia Diabetes Association, held at the WVU Medical Center in Morgantown on September 22, 1962.

Submitted to the Publication Committee, October 16, 1962.

The Author

- Grant Gwinup, M. D., Instructor in Medicine, Division of Endocrinology and Metabolism, Ohio State University College of Medicine, Columbus, Ohio.

Physiologic Antagonists

Now I shall mention briefly the physiologic antagonists to insulin. A patient with acromegaly, Cushing's disease, or pheochromocytoma may demonstrate loss of glucose tolerance or fasting hyperglycemia which cannot be differentiated from loss of glucose tolerance or hyperglycemia seen in uncomplicated diabetes mellitus. Without dwelling on the production mechanism of these effects I shall say only that these hormonal antagonists do not directly antagonize the effect of the insulin molecule but serve to bring about metabolic consequences which channel other substrates into the carbohydrate pathway and thereby overwhelm the effects of insulin.

The physiologic degradation of the insulin apparently is accomplished by a specific enzyme system found in high concentrations in liver, kidneys and muscle which acts specifically on the insulin molecule[2]. This "insulinase system" should not be considered an insulin antagonist but, rather, a normal mechanism for degradation of insulin.

When a patient enters the hospital in a state of ketoacidosis, it often is found that in the beginning when he needs insulin most he tends to be quite resistant to it but that later on, as the ketoacidosis clears and he needs insulin less urgently, he becomes more normally responsive. I have given as much as 1000 units of regular insulin intravenously to such patients early in the course of ketoacidosis and have been unable to see any difference in response from that which occurs when insulin is given in more moderate dosage. The fact that the patient is least responsive when he needs insulin most and more responsive when he needs it least makes the treatment of ketoacidosis more difficult than it

otherwise might be. Such observations may be explained by an antagonist to insulin which has been characterized by Field[3] and which is present in the serum during periods of ketoacidosis but disappears rapidly when the ketoacidosis is brought under control. This then is an antagonist to insulin which is thought to be present in significant quantity only in the serum of the diabetic patient in ketoacidosis, and is not considered as playing a role in the production of diabetes itself.

Antibody-Insulin Complex

In the early 1920's when insulin was first being used, it became apparent that one might encounter great variability in the response to its administration. It was soon realized that an occasional patient might require relatively enormous doses to produce the expected effect on the blood sugar level. Banting, himself, demonstrated that the plasma of one such patient could neutralize the effect of added insulin so that when it was injected in a test animal hypoglycemia could not be produced. Berson and Yalow[4] subsequently have demonstrated that in the case of any individual, diabetic or nondiabetic, who has received injections of insulin for any length of time, specific antibodies to the insulin molecule develop which greatly prolong its rate of disappearance in the circulation. When I^{131} tagged insulin is given intravenously to a normal individual or to a diabetic who has not previously received it, the half life in the circulation is approximately 35 minutes. If, however, such an individual has received insulin previously, the half life may be greatly prolonged. In such cases it has been shown that the insulin is bound to a protein which migrates in the inter beta-gamma globulin range and may be considered an antibody in the classical sense, since it is produced by administration of a foreign substance. Once the antibody-insulin complex is formed it will continue to circulate in such an inactive state until it is degraded or until the bond between the globulin and the insulin molecule is broken and the insulin liberated to exert the expected physiologic effect. Such liberation of active insulin occasionally may produce hypoglycemia many hours or even days after the last injection of insulin has been given.

Berson and Yalow have shown that in the great majority of cases in which it is necessary to give very large doses of insulin, high titers of insulin antibodies can be found and probably are directly related to the resistance. These antibodies, however, may be produced in nondiabetics as well as in diabetics and are not thought to have anything to do with the etiology of diabetes.

The question arises as to whether or not repeated injections of insulin could produce antibodies which would also bind endogenous insulin and bring about diabetes in this manner. There is no evidence to support this speculation. Maloney has reported the case of one very famous sheep that became resistant to beef and pork insulin and subsequently evidenced no hypoglycemia when it was injected with special sheep insulin. Although this animal showed no response to insulin from its own species, it was not diabetic, however, and therefore must have remained responsive to its own insulin.

Insulin Antagonist Demonstrated

The first demonstration of an antagonist to insulin which might be associated with human diabetes came from the work of Valence-Owen[5], who found that it was not possible to recover quantitatively insulin added *in vitro* to the plasma of nonketotic, untreated diabetics when the plasma was tested with the rat diaphragm assay system. Subsequently, it has been shown that when the rat diaphragm assay is used to determine insulin levels, diabetics generally have been found to have less insulin in the blood plasma than nondiabetics. When, however, either the rat fat pad assay or the immunilogical assay is used, adult-onset diabetics or juvenile diabetics early in the course of the disease have been found consistently to have not less, but more, insulin in the plasma than nondiabetics.

Very recently, evidence has been produced by Antoniades[6] and his co-workers which indicates that the insulin produced by a diabetic may differ from that produced by a nondiabetic in that the insulin of the diabetic is bound to a protein antagonist which makes it physiologically inactive when tested in the rat diaphragm assay system. They have shown, however, that this insulin may be reactivated and presumably separated from the protein component by incubating it with fat tissue or by treating it with fat tissue extracts before it is tested on the rat diaphragm.

The demonstration of such insulin antagonism in diabetics but not in nondiabetics raises an important fundamental question: Are such antagonists the cause of diabetes? At our present knowledge level, we can only speculate. Such speculation, however, may afford explanation of many otherwise unexplained observations. For example, it is well known that in early diabetes the one-hour and two-hour blood sugar values of the glucose tolerance curve not only reach levels

which are abnormally high but after four or five hours often fall to levels which are abnormally low. This might result from the elaboration of too much inactive insulin which after its activation by lipid tissue substances could become physiologically effective and produce the secondary hypoglycemia. Furthermore, it has long been appreciated that the adult-onset diabetic often is overweight and it has been inferred that he has diabetes because he is overweight. Valence-Owen has suggested, however, that, rather, he may be overweight because he has diabetes. The high levels of insulin which are inactive on muscular tissue may be activated by the fatty tissues of the body and may, therefore, actually favor the disposition of carbohydrate into fat. The presence of antagonists in the plasma of diabetics also may be invoked to explain the hyperplasia of pancreatic islet cell tissue that often is found when the pancreas of an individual who recently has acquired diabetes is examined at autopsy. If the antagonist could traverse the placenta and gain entry into the fetal circulation such a mechanism might also explain the characteristic islet cell hyperplasia found in the stillborn fetus of a prediabetic or diabetic mother.

It is conceivable even that antagonists to insulin may be responsible for the small blood vessel disease found throughout the body in the diabetic and, indeed, in the pre-diabetic state. Blumenthal[7] has found that the nodular lesions in the glomeruli of diabetic patients have a significant capacity for binding florescent insulin. He has shown also that such insulin binding occurs in some degree in the kidneys of diabetics without such a lesion. On the other hand, insulin binding could not be demonstrated in a variety of renal lesions in nondiabetic subjects. This same observer has suggested, therefore, that these lesions may be the result of the deposition of insulin bound to an antagonist in the lumen of such small blood vessels.

Finally, let it be stressed again that the concepts we have considered here are highly speculative and undoubtedly will remain so for some time. Their consideration, however, may help to integrate aspects of diabetes which have been difficult to understand in the past and, hopefully, will stimulate further investigation of such interesting and potentially promising areas.

References

1. Jorpes, J. E.: Recrystallized Insulin for Diabetic Patients With Insulin Allergy, Arch. Int. Med. 83:363, 1949.
2. Mirsky, I. A.: Insulinase, Insulinase—Inhibitors and Diabetes Mellitus. Recent Progress in Hormone Research 13:424, 1957.
3. Field, J. B. & Stetten, D., Jr.: Humoral Insulin Antagonist Associated With Diabetic Acidosis, Am. J. Med. 21:339, 1956.
4. Berson, S. A. & Yalow, R. S.: Recent Studies on Insulin Binding Antibodies, Ann. New York Acad. Sc. 82:338, 1959.
5. Valence-Owen, J. & Lilley, M. D.: An Insulin Antagonist Associated With Plasma Albumin, Lancet 1:804, 1961.
6. Antoniades, H. N., Bougas, J. A. & Pyle, H. M.: Studies on the State of Insulin in Blood, New England J. Med. 267:218, 1962.
7. Blumenthal, H. T., Berns, A. W., Owens, C. T. & Hiraha, Y.: The Pathogenesis of Diabetic Glomerulosclerosis, Diabetes 11:296, 1962.

'But Only for a Day'

Did you ever have one of those days in which you just did not feel like saving the country from socialism? Or the medical profession from itself? One of those days in which you couldn't take any more of David Lawrence, or Walter Lippman either for that matter? One of those days in which Annis was going to have to go it alone, and as far as you were concerned that professor in Health, Education and Welfare—the one who is determined to louse us all up—was going to get off easy? But only for a day, mind you! One of those days, the season of the year being what it is, in which the girls look prettier and, as someone said, you can be grateful that you're not getting older like your friends are? One of those days in which the ban-the-bomb fans were going to have to argue the whole thing out with the population-explosion crowd without your getting into the act? One of those days . . .

Well for some reason or other that's the kind of day it is for me today. To hell with it.
—Daniel F. Crowley, Jr., in Bulletin of Polk County (Iowa) Medical Society.

Special Article

James L. Cunningham, M. D.—Centennial Doctor

Harold D. Almond, M. D.

High up in the hills of West Virginia at the village of Pickens lives one of the oldest physicians in the United States. Dr. James L. Cunningham will be 100 years old on September 1.

Old in years, to be sure, blind in his right eye, and almost deaf, Doctor Cunningham has an active body and a memory for past events that is the envy of his countless friends and former patients.

This man who was born just two months and ten days after West Virginia became a State on June 20, 1863, is not one to be behind the times. He was one of more than 2,000 persons in the area who recently received the Sabin Oral vaccine stating at the time that "I don't want to die of polio after living all these years and I don't want to be a carrier, either."

Doctor Cunningham was the family doctor for all of the Pickens-Helvetia-Hacker's Valley families from 1891 until his retirement several years ago. He sutured their lacerations, dispensed their medications, delivered their 3,600 babies, and treated them for their typhoid, flu, pneumonia and polio. He wore out, or at least outlived, the 14 horses that he used to climb over 3,900-foot Turkey Bone Mountain, or to descend the trail to Newlon, Czar, or Jerico.

Dr. Donald R. Roberts of Elkins once asked Doctor Cunningham about his practice at Pickens. "You big city physicians have it easy; if you have a problem you call up the oldest or smartest doctor in town and say to him 'What would you do if you had such and such a case?' and he tells you the answer. But with me, I'm the oldest and smartest and the dumbest and the only doctor in Pickens; so I have to ask myself for all the answers, and I have been for 64 years of practice."

A Dedicated Physician

Dr. Howard Gaston, Buckhannon dentist, practiced for several years in the late 1940's at Pickens. He reported that on numerous occasions he would visit at the old doctor's home and find Mrs. Cunningham reading the journals to him. Doctor Cunningham wasn't allowing his failing vision to keep him from learning even though he had been in practice for more than 50 years.

Doctor Cunningham's record of never losing a mother in those 3,600 baby cases is remarkable. His daughter, Mabel, a public school teacher,

The Author

- **Harold D. Almond, M. D., 27 South Kanawha Street, Buckhannon, W. Va.**

James L. Cunningham, M. D.
Born September 1, 1863

*Reprinted in part from the Buckhannon Record.

states that "his children" are to be found in every state of the Union except in the upper New England area. Out in California today are Frank Fahrion, a retired admiral, Hans Lineweaver, a research chemist; in Michigan is Henry Winkler, a successful medical doctor, and at Elkins is Dr. James Condry, a dentist, to mention but a few of "his children."

Doctor Cunningham had all the problems of any physician in practice, i. e., his worries of his patients. Each patient was a diagnostic case in himself. Some could be solved at the moment but others required study and reading, and this was not easy without a hospital, x-rays, telephones, modern roads and a laboratory.

His record of 2 per cent mortality of 1,300 typhoid cases is extraordinary and his excellent care of patients in the 1918 flu epidemic was indeed remarkable.

Cared for Leper in 1906

Doctor Cunningham gained notoriety in 1906 when he took care of George Rashid, a leper. Mr. Rashid, a railroad construction hand, had been driven from city to city like lepers in the Bible days until at Pickens he met a Samaritan who cared for him.

A native of Syria, Mr. Rashid was working for the Baltimore and Ohio Railroad Company when it was discovered that he was suffering from leprosy. He was taken to the end of the company's branch line at Pickens and left there with a tent for his home. Doctor Cunningham treated him for 100 days prior to his death.

Doctor Cunningham was more than a doctor to the folks at Pickens, for during his active life he was a member of the Board of Education, observer for the U. S. Weather Bureau, election clerk, census taker, farmer and a devoted friend of children.

Once he was asked why he planted more corn than his family could use. Doctor Cunningham replied that the children of Pickens always had a "secret" corn roast with corn from his patch on a moonless summer night and he approved of it.

Interested in Farming

Another story is told by John Betler, justice of the peace and head of the farmer group in the Pickens-Helvetia area for a great many years. In 1915 when Mr. Betler was plowing one of his fields, Doctor Cunningham rode by on his horse and told him that crops would do poorly unless he used lime. It was not the custom in Switzerland to use lime, and the old Swiss farmers of the area believed it was bad for the crops. Doctor Cunningham's reply went like this:

"Lime and lime and clover, makes the farm richer all over.

"Lime and lime and no manure, makes the farm and farmer poorer."

In addition to this advice, he reached into his pocket for the fare on the night train that took Mr. Betler to see the agricultural show which was then in progress at Morgantown. On his return, Mr. Betler purchased 17 tons of lime for the farm, and he gained the reputation of being the best farmer in Helvetia.

As recently as three years ago it was not uncommon to see Doctor Cunningham out and about. He even completed a solo hitch-hike trip to and from Webster Springs. He wasn't worried about getting a ride because he said he knew about everyone in the area and that "auto riding is easier than horseback, log trains or walking."

Taught School Seven Years

Doctor Cunningham was born in Pittsburgh and spent his school days in Bridgeport, Ohio. At the age of 18, his family moved to Hacker Valley. He taught school for seven years and earned $32 a month. In 1888 he made a momentous decision that changed his life; he decided to go to medical school.

William Mace of Hacker Valley extended him the money and in 1891 he received his M. D. degree from the Baltimore University Medical College.

The young Doctor Cunningham decided he would be a naval physician but before signing up for a world cruise, he returned home for some mountain food and good West Virginia air. He arrived at Hacker Valley during a severe measles outbreak and promptly forgot about a sea voyage with Commodore Schley. He visited the homes of some 300 measles patients.

In 1894 he married Mary Roberts and built his hillside home at Pickens. The Cunninghams had two children, Mabel, who taught school, and Ethel, a polio victim. Mrs. Cunningham died in 1956.

Just last March 30, on Doctor's Day, Doctor Cunningham was presented with a red carnation by the Woman's Auxiliary to the West Virginia Medical Association as a symbol of appreciation for his years of service and sacrifice to "his children."

'100 Editorials'

Dr. Edward J. Van Liere, Dean Emeritus of the West Virginia University School of Medicine and an Editor of *The West Virginia Medical Journal*, has made continuous editorial observations about medicine in general and West Virginia Medicine in particular over a period of one generation. One hundred of Doctor Van Liere's editorials from *The Journal* recently were compiled into a booklet for distribution during the State's Centennial year.

The booklet, "100 Editorials," is a joint publication by the WVU School of Medicine and the West Virginia State Medical Association and has been distributed to the Association's members and others.

Doctor Van Liere, who also serves as Professor of Physiology and Research Professor of Obstetrics at the WVU School of Medicine, is a well-known authority on the subject of hypoxia, one of the biomedical problems involved in high-altitude and space flight.

The booklet is in memory of two of Dr. Van Liere's close friends: Dr. Walter E. Vest of Huntington, Editor of *The Journal* from 1937 until his death last year; and Charles Lively of Charleston, Executive Secretary of the State Medical Association from 1941 until his death in 1961.

Dr. George F. Evans of Clarksburg, Editor of *The Journal*, commented in a foreword: "Dean Van Liere, in the midst of a crowded academic career, has given liberally to the literary and scientific support of our Association's *Journal*, and has elevated the tone of our text beyond the usual purpose of a local publication."

The editorials cover a span of 21 years (1941-62) and were selected from an estimated 140 that Doctor Van Liere contributed to *The Journal*. Many deal with the subject of high altitude physiology and specifically hypoxia. His book, "Hypoxia," with Dr. J. Clifford Stickney, Professor of Physiology at West Virginia University, as co-author, will be published later this year by the University of Chicago Press, which published Doctor Van Liere's 1942 monograph, "Anoxia: Its Effect on the Body."

The President's Page

Guest Author, Mrs. Howard G. Weiler, Wheeling, President
Woman's Auxiliary to the West Virginia
State Medical Association

FIRST, I shall express my deepest appreciation for the honor extended to my own State's Woman's Auxiliary to represent them in this message to the members of the West Virginia State Medical Association. Our "Aim for Excellence in Achievement" theme has been greatly implemented throughout the State by the faithful and enthusiastic co-operation of all 22 Component Auxiliaries and all of our State Officers and Committees.

It has been said that excellence is an intellectual and moral fulfillment, proof of the principle that what one does for God and in service of man, one may do with quality and sense of distinction. But mere "talking" excellence will not create it, nor will mere pursuit; it must be captured and then expressed in ways which are practical and real. The following are achievements of which our Woman's Auxiliary is most justly proud.

Participation in the 15th Annual Rural Health Conference held at the West Virginia University Medical Center at Morgantown last October; attendance at a meeting of the Legislative Committee of the State Medical Association; and maintenance of our membership of 1055 wives of physicians during the 1962-63 fiscal year.

Sixteen of our Auxiliaries have contributed $3,597.40 to the AMA Education and Research Foundation. These funds were raised by various activities of the auxiliaries as well as individual donations by members. More than 200 members of our Auxiliary receive the National Bulletin and the Spring and Fall State Bulletins are mailed to all members.

Doctor's Day was observed by every Auxiliary throughout the State with the traditional red carnations, buffet suppers, dinner dances, coffee hours, luncheons and picnics. Our Health Careers Program provided loans to three student nurses and one student medical technician during the present year. These funds are provided by voluntary contributions from component County Auxiliaries and the State Auxiliary.

Auxiliary members in every community participate in local projects and health drives. Individual work was given on County Health Boards, National Defense, Red Cross, Crippled Children, Student Nurse Programs, Future Nurses Clubs, Mental Health, Mobile TB Units, Scouting, Hospital Auxiliaries, Woman's Clubs and Children's Homes. The SOS Program was aided by six Auxiliaries. During this Centennial Year for West Virginia many individual members have participated in planning programs and preparing displays to commemorate our own Declaration of Independence.

It has been a happy privilege to serve as President of the Woman's Auxiliary to the West Virginia State Medical Association, to visit the various auxiliaries and preside at the Spring and Fall Board Meetings and to participate in the many worth-while meetings and functions during my tenure of office. I take this opportunity to thank Dr. L. J. Pace and the others for their gracious cooperation; our own Medical Advisory Board for its guidance, and Mr. William H. Lively and Staff for their splendid assistance throughout the past year.

Meet you at The Greenbrier in August.

Dorothy Weiler

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EDITORIALS

DR. WILLIAM L. COOKE HONORED BY TB ASSN.

An editor of *The West Virginia Medical Journal* recently received top national recognition. Dr. William L. Cooke of Charleston was named president elect of the National Tuberculosis Association during the annual meeting of that organization in Denver, Colorado, on May 17, 1963. The N.T.A. is the oldest and greatest of our voluntary health agencies. It embraces 57 constituent state and city societies and thousands of affiliated county organizations. The Association is concerned in the program of tuberculosis cure and prevention and is to a great extent responsible for the amazing decline in the mortality and incidence of tuberculosis in the U. S. A.

Doctor Cooke has been an outstanding specialist in respiratory diseases since his residency training at Rutherford (Pinecrest) Sanitarium at Beckley, West Virginia. He has served his county, state and national tuberculosis organizations with distinction for many years. His activities on the Board of Directors of the N.T.A. began in 1949 and from the beginning brought him national recognition.

Doctor Cooke was graduated from San Diego State College and he received his M. D. degree in 1929 from the Medical College of Virginia. He served an internship and residency at Charleston General Hospital and is now a trustee of that institution. He had a residency in tuberculosis at Rutherford (Pinecrest) Sanitarium, 1930-32.

He is a past president of the Kanawha Medical Society, Anti-Tuberculosis League of Kanawha County, The West Virginia Tuberculosis

William L. Cooke, M. D.

and Health Association, West Virginia Thoracic Society and the Potomac Chapter of the American College of Chest Physicians. He is an area consultant for the Veterans Administration and spent more than three years in foreign medical service during World War II.

He served two terms as a member of the Council of the West Virginia State Medical Association and has been an associate editor of *The West Virginia Medical Journal* since 1959. He has served as chairman or member of the Tuberculosis Committee for 12 years.

Doctor Cooke was medical director of Hillcrest Sanatorium in Charleston for a number of years. He is a past president of the United Fund of the Kanawha Valley and of the Charleston Kiwanis Club. He serves on the advisory board of the local Salvation Army and he is a past chairman of the Kanawha-Clay Chapter of the American Red Cross.

The Journal and the West Virginia State Medical Association acclaim this honor to our fellow editor and member and foresee during his presidency a period of great progress.

The National Tuberculosis Association has embarked on an intensive campaign of eradication of tuberculosis. The horizon of the Association has been lifted to include all chronic respiratory disease. At the time of its widest program and greatest effort the National Tuberculosis Association could not have found a better skipper than Dr. William L. Cooke.—G. F. E.

THE CAUSE OF GENERAL STONEWALL JACKSON'S DEATH

In the observance of our Centennial Year, General Stonewall Jackson's name is indissolubly linked with the history of West Virginia, especially the central part of the State, and specifically with the region around Weston and Clarksburg. All know of General Jackson's outstanding military talents, his personal bravery, and his fine Christian character, but few are aware of the cause of death of this extraordinary man.

Recently Dr. L. W. Gorham[1] has commented at some length on the cause of Jackson's death. He emphasizes that all authors when describing the death of Jackson refer to a paper written by Dr. Hunter McGuire, "Last Wound of the Late General Jackson (Stonewall)—the Amputation of the Arm—His Last Moments and Death," which appeared in *The Richmond Medical Journal* of May, 1866. Doctor McGuire, a most able man, was Professor of Surgery at the Medical College of Virginia and Medical Director of Jackson's command. In his paper he stated that his famous patient died of pleuropneumonia as a result of an injury he sustained when the litter on which he was being carried was dropped.

It will be remembered that Stonewall Jackson was wounded by a patrol of his own men, who in the darkness believed that the Federals were approaching. This happened on May 2, 1863 at the battle of Chancellorsville. According to McGuire, Jackson was placed on a litter, but one of the bearers was struck down and the General was thrown violently to the ground. The severe fall injured his right side and he had by this time lost a considerable amount of blood.

On the next day it was deemed necessary to amputate the left arm since it had been badly mangled by bullets. The General withstood the operation well, but a few hours later complained of pain in his right side. The following two days he got along fairly comfortably. On the sixth day, however, he complained of a great amount of pain. Doctor McGuire then made the diagnosis of pleuropneumonia, which he felt had been caused by the injury Jackson received when the litter was dropped. He explained that the fall had produced a contusion of the lung with extravasation of blood in the chest, and that inflammation then ensued.

On the seventh day General Jackson breathed with difficulty and complained of great exhaustion. His condition worsened and his mind began to wander. He died on May 10, 1863, on the ninth day following the accident. His last words, as many will remember, were: "Let us cross over the river and rest under the shade of the trees."

Doctor Gorham raises the question as to what other possible diagnoses besides pneumonia should be considered. It is not in the province of this short essay to give a detailed differential diagnosis such as is ably presented by Doctor Gorham. It is sufficient to say here that he feels that fat embolism and pulmonary embolism with pulmonary infarction should also be considered.

After analyzing the symptoms the General showed in his final illness, and after carefully sifting the evidence available, Doctor Gorham is of the opinion that one cannot exclude the possibility that Jackson suffered from a certain degree of fat embolism since the humerus had been badly shattered. He finally concludes that pulmonary embolism with pulmonary infarction followed by a massive pulmonary thrombus with a slowly developing large laminated clot probably was the actual cause of the General's death. Since there was no autopsy the true diagnosis will, of course, never be known.

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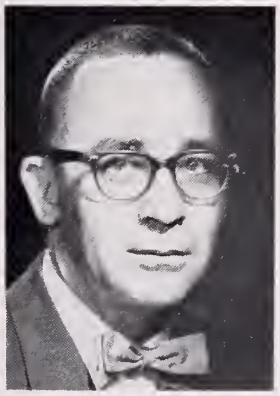
1. Gorham, L. W., Archiv. Int. Med., 111:540, 1963.

GENERAL NEWS

Program Completed for Annual Meeting At The Greenbrier, Aug. 22-24

The program has been completed for the three general scientific sessions which will be held during the 96th Annual Meeting at The Greenbrier in White Sulphur Springs, August 22-24.



Charles E. Andrews, M. D.

Victor M. Napoli, M. D.

Dr. Henry F. Warden, Jr., of Bluefield, Chairman of the Program Committee, also said that the programs being arranged for afternoon meetings of the Association's sections and affiliated societies have nearly been completed. He said several of the guest speakers have accepted invitations to present papers before the afternoon meetings.

First General Session

The Program Committee announced previously that Dr. Paul A. Miller, President of West Virginia University, will be among the honor guests and will speak prior to the opening of the first general session on Thursday morning, August 22.

The first general session has been designated as "West Virginia University School of Medicine Day," and the following members of the faculty will participate in a symposium on "Neoplastic Disease in the Chest:"

Alvin L. Watne, M.D., Associate Professor of Surgery, Chief of the Cancer Committee and Director of the Tumor Clinics. Subject: "Etiology, Incidence and Trends of Cancer of the Lung."

Charles E. Andrews, M.D., Professor of Medicine. Subject: "Clinical Clues in Diagnosis of Cancer of the Lung."

Harold I. Amory, M.D., Professor and Chairman of the Department of Radiology. Subject: "The Role of Radiology in Diagnosis and Treatment of Cancer of the Lung."

Richard A. Currie, M. D., Assistant Professor of Surgery. Subject: "Surgical Treatment of Lung Cancer."

Norman W. B. Craythorne, M. D., Associate Professor of Surgery and Chairman of the Division of Anesthesiology. Subject: "Anesthesiology in Chest Surgery."

Victor M. Napoli, M.D., Assistant Professor of Pathology. Subject: "Pathology of Bronchogenic Carcinoma."

Second General Session

The second general scientific session will be held on Friday morning, August 23. The speakers and their subjects will be as follows:

Edward S. Judd, M. D., Head of a Section of Surgery at the Mayo Clinic, Rochester, Minnesota. Subject: "The Role of the Surgeon in the Management of Ulcerative Colitis."

Charles A. Doan, M.D., Dean Emeritus and Director of the Division of Hematology, Ohio State University College of Medicine, Columbus. Subject: "The Lymphomata: Their Differentiation and Selective Treatment."

Douglas M. Haynes, M.D., Professor and Chairman of the Department of Obstetrics and Gynecology,

Richard A. Currie, M. D.

N. W. B. Craythorne, M. D.

University of Louisville School of Medicine. Subject: "Cesarean Hysterectomy: Indications and Limitations."

Third General Session

"Adolescence—The First 'Change of Life'" will be the subject of discussion at the third general session on Saturday morning, August 24.

The speakers will be two members of the staff of the Mayo Clinic, Drs. Edward M. Litin, Head of the

Section of Psychiatry, and Alvin B. Hayles, a consultant in the Section of Pediatrics.

Doctor Litin will discuss the emotional aspects of adolescent medicine and Doctor Hayles will cover the physical and more specifically the endocrine aspects of adolescence.

Doctor Warden announced that a film, "Medical Care for Adolescents," will be shown at the beginning of the morning session. The film was produced by the Southern Medical Association in association with Merck Sharp and Dohme.

There will be a question and answer period, with full audience participation, following the formal presentation of papers.

In addition to Doctor Warden, the other members of the Program Committee are Drs. Albert C. Esposito of Huntington, Richard E. Flood of Weirton and Maynard P. Pride of Morgantown.

No Convention Registration Fee

No registration fee will be assessed against either members or guests in connection with the 96th Annual Meeting of the West Virginia State Medical Association at The Greenbrier in White Sulphur Springs, August 22-24, 1963.

A cordial invitation to attend all sessions has been extended by the Program Committee to interns and physicians serving a residency in hospitals in West Virginia and adjacent states.

Requests for hotel accommodations should be mailed directly to the Reservation Manager, The Greenbrier, White Sulphur Springs.

The House of Delegates

Dr. L. J. Pace of Princeton, the President, will deliver his presidential address before the first session of the House of Delegates on Wednesday evening, August 21.

The second session of the House of Delegates will be held on Saturday afternoon, August 24, at which time new officers will be elected and installed.

The pre-convention meeting of the Council will be held on Wednesday afternoon, August 21, and several committee meetings also will be held that afternoon.

Heavy Advance Registration

The number of reservations for rooms at The Greenbrier for the Annual Meeting in August has passed the 400 mark and it is anticipated that more than 700 persons, including physicians, their wives and guests will be in attendance.

All physicians who plan to attend the meeting are urged to make reservations as soon as possible. An early request will assure physicians, their families and guests of room accommodations.

The complete program for the meeting will appear in the August issue of *The West Virginia Medical Journal.*

Dr. Vernon L. Dyer Selected W. Va. 'GP of the Year'

Dr. Vernon L. Dyer of Petersburg is West Virginia's "General Practitioner of the Year" for 1963. The selection was made by the Council of the West Virginia State Medical Association from a field of nominees submitted by component societies. Final action was taken by the Council at the summer meeting in Charleston on June 2.

Vernon L. Dyer, M. D.

He will accept the award during the 96th Annual Meeting of the State Medical Association at The Greenbrier in White Sulphur Springs, August 22-24.

Doctor Dyer was born at Fort Seybert, West Virginia, on April 17, 1893. He attended Shepherd College, Valparaiso University and received his M. D. degree in 1918 from the Loyola University School of Medicine in Chicago.

He served an internship at Welch Hospital, 1918-19, and then located in Petersburg where he has been in continuous active practice since that time. He had postgraduate training in the Cook County Hospital in Chicago and at the Chicago EENT Hospital.

He has served as secretary and president of the Potomac Valley Medical Society and has served for several years on the Rural Health Committee of the State Medical Association. He is an elder in the Presbyterian Church and has served as treasurer for 32 years. He was the first president of the Petersburg Kiwanis Club in 1936 and has served on every board of directors since that time.

Doctor Dyer was instrumental in the establishment of the Grant Memorial Hospital in Petersburg and his medical service has been primarily to the citizens of Grant, Hardy and Pendleton counties.

He is married to the former Ruth Hickel, who is immediate past president of the Woman's Auxiliary to the State Medical Association. They have two children, Dr. John H. Dyer, who is a member of the Section of Ophthalmology at the Mayo Clinic, and Sue Arnette, who is married to Dr. John Oliver of Pen Argyl, Pennsylvania. Doctor and Mrs. Dyer have five grandchildren.

Southern Chapter, ACCP Meets Nov. 17-18

The 20th annual meeting of the Southern Chapter of the American College of Chest Physicians will be held at the Monteleone Hotel in New Orleans, Louisiana, November 17-18. The scientific program, covering the broad aspects of clinical and surgical treatment of cardiovascular and bronchopulmonary diseases, will begin at 1:00 p. m., Sunday, November 17.

W. Va. Cancer Society Adopts New Policy on Drugs

On April 6, 1963, the Board of Directors of the American Cancer Society, West Virginia Division, Inc., unanimously passed the following resolution pertaining to the purchase of drugs for cancer patients, as recommended by the Service Committee:

"Resolved that the West Virginia Division revert to its previous position of providing drugs for medically indigent cancer patients at a maximum cost of $15.00 per month per patient, and only for drugs shown on the list approved by the Board of Directors on May 19, 1960.

"This concept shall be rigidly enforced, and a statement of current policy will be printed in *The West Virginia Medical Journal.* It is to be reiterated that the Cancer Committee of the West Virginia State Medical Association has gone on record as endorsing the limited list."

The approved drug list is as follows: ASA Compound with Codeine, Dilaudid, Dramamine, Elixir Phenobarbital, Enteric Coated Stilbestrol, Morphine, Nembutal, Phenobarbital Tablets, and Testosterone Proprionate.

Booklet on Heart Defects Available

A revised edition of the booklet, "If Your Child Has a Congenital Heart Defect," points to modern surgery as rapidly increasing the chances for health of babies born with heart defects.

Dr. J. Keith Pickens of Clarksburg, president of the West Virginia Heart Association, said the booklet now describes nine heart defects which are considered operable. This is two more than were included when the booklet was first published three years ago.

Doctor Pickens estimated that more than 30,000 babies are born each year in the United States with one or more defects in the heart or major blood vessels. The booklet describes the advances which have made it possible for 75 to 80 per cent of these children to be cured or greatly helped.

Copies of the booklet may be obtained by writing to the West Virginia Heart Association, 759 West Washington Street, Charleston, West Virginia.

Health Education Pamphlet Rack

The American Medical Association recently announced the availability of a health education pamphlet rack for physicians' reception rooms.

The rack will hold eight different pamphlets and the initial purchase of the rack will include a set of 25 copies each of eight pre-selected health education pamphlets. Cost of the rack and initial set of two hundred pamphlets is $8.95.

Physicians may obtain further information on the sale of racks and pamphlets by writing the AMA Order Department, 535 North Dearborn Street, Chicago 10, Illinois.

Dr. William L. Cooke of Charleston, right, was named president elect of the National Tuberculosis Association at its annual meeting in Denver, May 13-15. Shown with him are Drs. William S. Schwartz of Oteen, North Carolina, president elect of the American Thoracic Society, and Archibald W. Dalton of Boston, president elect of the National Conference of Tuberculosis Workers (See editorial on Page 197).

Rheumatic Fever Prevention Program

More than 1,600 people in West Virginia have received free penicillin through the rheumatic fever prevention program of the West Virginia Heart Association and the State Department of Health.

The penicillin is available to medically indigent patients. It is distributed to persons, mostly children, who have had a known attack of rheumatic fever or who have known rheumatic heart disease, cardiac surgery, or congenital heart disease of such magnitude that the referring physician deems prophylaxis advisable.

Doctor Starcher Reappointed to MLB

Dr. Everett H. Starcher of Logan has been reappointed by Governor W. W. Barron as a member of the Medical Licensing Board of West Virginia for the five-year term ending June 30, 1968.

Doctor Starcher was named a member of the Board in 1958 by former Governor Cecil H. Underwood.

Relocations

Dr. Cyril D. Gettliffe, formerly resident instructor at the West Virginia University School of Medicine and who has been serving as director of medical education at Charleston General Hospital, is now associated in practice with Dr. William A. Thornhill, Jr., in Charleston. He will continue in his capacity as director of medical education at Charleston General Hospital.

* * * *

Dr. C. W. Powell of Martinsburg moved to Cambridge, Maryland, where he accepted appointment as senior psychiatrist at the Eastern Shore State Hospital.

Summer Meeting of Council Held In Charleston on June 2

The regular summer meeting of the Council of the West Virginia State Medical Association was held at the Daniel Boone Hotel in Charleston on Sunday, June 2, 1963, with the Chairman, Dr. D. E. Greeneltch of Wheeling, presiding.

Dr. Vernon L. Dyer of Petersburg was selected during the meeting as the State Medical Association's 1963 "General Practitioner of the Year."

He will receive the award officially at the second session of the House of Delegates during the annual meeting at The Greenbrier.

Election of Honorary Members

The following physicians were elected to honorary life membership in the West Virginia State Medical Association:

Society	*Physician*	*Address*
Greenbrier Valley	James G. Leech	Quinwood
Wyoming	Florien Vaughn	Tralee
Ohio	Frank R. Maskrey	Wheeling

Policy on Intravenous Therapy

It was reported that a series of meetings had been held in Charleston during the past few months between representatives of several organizations, including the State Medical Association, for the purpose of revising a statement of "Policy on Intravenous Therapy for Registered Professional Nurses."

The Council went on record as approving the policy statement.

Committee on Medicine and Religion

The executive secretary reported that a Department of Medicine and Religion had been established by the American Medical Association and he also reported receipt of a letter from the director of the new Department requesting that similar committees be established on the state level.

The Council went on record unanimously as approving the establishment of a Committee on Medicine and Religion as a special committee of the Association until such time as the By-Laws can be amended to make it a standing committee. The Council also directed that a letter be sent to secretaries of component societies requesting that similar committees be set up on the local level.

Commendation for James S. Klumpp, M. D.

Dr. L. J. Pace of Princeton, the President, reported that he had accepted with much regret the resignation of Dr. James S. Klumpp as chairman of the Medical Economics Committee. He said he had named Dr. George R. Callender, Jr., of Charleston, to serve the unexpired term.

The Council directed the executive secretary to write a letter to Doctor Klumpp extending thanks on behalf of the officers and members of the Council for his valuable services to organized medicine on the local, state and national levels.

The executive secretary also was directed to obtain a suitable plaque to be presented to Doctor Klumpp during the annual meeting at The Greenbrier.

Report of Medical Economics Committee

Dr. George R. Callender, Jr., Chairman of the Medical Economics Committee, presented a summary of a report prepared by the subcommittee on workmen's compensation and stated that this group had expressed a desire to meet with the Workmen's Compensation Commissioner for the purpose of discussing certain changes in the regulations of the department pertaining to patient care and administration.

Doctor Callender, who also serves as chairman of the Joint Conference Committee, reported this group had met on several occasions during the past few months with Mr. W. Bernard Smith, Commissioner of the Department of Welfare.

He stated that one of the main problems in connection with the MAA and GMH programs was the inadequacy of legislative appropriations for these welfare programs during the coming fiscal year. He said Mr. Smith informed the Legislature that there would not be enough money to continue the programs at their present levels during the 12-month period beginning July 1, 1963.

Medical Examiner's Law

Dr. Frank J. Holroyd of Princeton, Chairman of the Legislative Committee, reported that the Medical Examiner's Bill, sponsored by the West Virginia State Medical Association, was passed by the Legislature during the 1963 session and will go into effect on July 1, 1963.

He further reported that the Legislature failed to appropriate funds for implementation of the new law. He said that a request will be directed to the Governor that he appoint the members of the Commission on Postmortem Examinations so that a budget request may be submitted to the Legislature next January.

Proposed Transfer of UMW Hospitals

There was considerable discussion concerning the proposed transfer of 10 UMW Hospitals to the United Presbyterian Church, USA.

Mr. Robert Barrie of New York City, Chairman of the Division of Health and Welfare, Board of National Missions of the United Presbyterian Church, appeared before the Council and discussed in detail the factors involved in the proposed purchase of the hospitals located in West Virginia, Kentucky and Virginia. Also in attendance at the meeting was the Rev. John Henry Strock of Parkersburg, Executive of the Synod of West Virginia, United Presbyterian Church.

Mr. Barrie said that negotiations with the UMW were begun in October, 1962, and that the Board of National Missions gave its final approval for purchase of the hospitals at a meeting in Des Moines, Iowa, on April 26, 1963. He said that the proposed plan calls for transfer of five hospitals by October 1, 1963, and the other five by July 1, 1964.

He said church funds would not be utilized in acquiring the hospitals and that an application had been submitted for a grant from the Area Redevelopment Administration. He said that financial assistance will

be needed from local and state governments to help meet the cost of the anticipated medically indigent case load.

It was pointed out that the proposed transfer of UMW Hospitals in West Virginia will not be undertaken until 1964 and, for that reason, no action was taken by the Council.

Pre-Convention Meeting of the Council

It was announced that the pre-convention meeting of the Council would be held at The Greenbrier in White Sulphur Springs on Wednesday afternoon, August 21, at three o'clock.

The following members of the Council were present at the meeting:

Dr. D. E. Greeneltch of Wheeling, Chairman; Dr. L. J. Pace of Princeton, President; Dr. Charles L. Goodhand of Parkersburg, President Elect; Dr. A. C. Esposito of Huntington, Vice President; and Drs. Paul P. Warden, Grafton; Richard E. Flood, Weirton; J. C. Pickett, Morgantown; Richard V. Lynch, Jr., Clarksburg, I. Ewen Taylor, Huntington; Ward Wylie, Mullens; Harold Van Hoose, Man; Richard W. Corbitt, Parkersburg; Clyde A. Smith, Beckley; and William H. Lively and Jerry Gould of Charleston, executive secretary and executive assistant, respectively.

The meeting also was attended by Drs. Charles A. Hoffman and Frank J. Holroyd of Princeton, AMA delegates; Dr. Thomas G. Reed of Charleston, AMA alternate; Dr. James S. Klumpp of Huntington, Parliamentarian; Mr. Harry Hinton, AMA Field Representative; Dr. George R. Callender, Jr., of Charleston, Chairman of the Medical Economics Committee; Mr. Robert Barrie of New York City, Chairman of the National Board of Missions, United Presbyterian Church; and the Rev. John Henry Strock of Parkersburg, Executive of the West Virginia Synod, United Presbyterian Church.

Mrs. Eulalia Hanly New President Of Medical Assistants Assn.

Mrs. Eulalia Hanly of Charleston was installed as president of the West Virginia Association of Medical Assistants during the annual meeting at the Holiday Inn in Charleston, May 17-19. She suceeds Mrs. Bette Hicks of St. Albans.

Mrs. Jo Ann Black of Huntington was named president elect; Mrs. Lyda Plymale of Huntington, vice president; Mrs. Mary Ellen Kessler of Beckley, recording secretary; and Mrs. Lucille Bollinger of Charleston, treasurer. Dr. William B. Rossman of Charleston was the installing officer.

Mrs. Hanly named Mrs. Virginia Snyder of South Charleston as corresponding secretary; Mrs. Black, parliamentarian; Mrs. Gail Byrd of South Charleston, historian; and as committee chairmen, Mrs. Georgiana Downey of Huntington, membership; Mrs. Virginia Goddin of Elkins, nominations; Mrs. Bollinger, budget and finance; Mrs. Black, constitution and by-laws; and Miss Eula Sesler of Charleston, publicity and public relations.

Mrs. Maxine McDaniel of Huntington was elected to a three-year term on the Association's Board of Directors. Other members of the board are Mrs. Virginia Goddin of Elkins and Mrs. Juanita Rauch of Parkersburg. Drs. James A. Heckman of Huntington, B. B. Richmond of Beckley, Logan W. Hovis of Parkersburg, and Richard N. O'Dell of Charleston were named advisors for the coming year.

Mrs. Hanly, Mrs. Plymale and Mrs. Rauch were named as delegates to the National Medical Assistants Convention in Miami Beach, Florida, October 9-13. Mrs. Anna McDowell of Charleston, Mrs. Leona Grow of Parkersburg and Mrs. Georgiana Downey of Huntington were named as alternate delegates.

The sixth annual convention of the Association will be held in Huntington, May 15-17, 1964.

New officers of the West Virginia Association of Medical Assistants are shown following their installation at the annual meeting in Charleston, May 17-19. Left to right, Mrs. Eulalia Hanly of Charleston, president; Mrs. Jo Ann Black and Mrs. Lyda Plymale, both of Huntington, president elect and vice president, respectively; Mrs. Mary Ellen Kessler of Beckley, recording secretary; and Mrs. Lucille Bollinger of Charleston, treasurer.

Doctor Smith Installed as President Of W. Va. Chapter, AAGP

Dr. Joseph A. Smith of Dunbar was installed as President of the West Virginia Chapter of the American Academy of General Practice during the 11th Annual Scientific Assembly which was held at the Civic Center in Charleston, May 24-26.

Doctor Smith succeeds Dr. Don S. Benson of Moundsville, who will serve as Chairman of the Board of Directors during the coming year.

Dr. Peter A. Haley of Charleston was named president elect and will assume his duties as president at the annual meeting in Charleston next May.

Other officers elected were as follows:

Dr. Jack Leckie of Huntington, vice president; Dr. L. Dale Simmons of Clarksburg, secretary; and Dr. Martha J. Coyner of Harrisville, treasurer. Drs. C. Carl Tully of South Charleston, James E. Spargo of Wheeling, and Del Roy R. Davis of Kingwood were named members of the Board of Directors.

New officers of the West Virginia Chapter of the American Academy of General Practice are shown following their election at the 11th Annual Scientific Assembly at the Civic Center in Charleston, May 24-26. Left to right, Dr. Joseph A. Smith of Dunbar, president; Dr. Peter A. Haley of Charleston, president elect; Dr. L. Dale Simmons of Clarksburg, secretary; and Dr. Martha J. Coyner of Harrisville, treasurer. (Photo courtesy of The Charleston Gazette).

The New Academy President

Doctor Smith, the new president, is a native of Sutton and attended the two-year School of Medicine at West Virginia University. He received his M. D. degree from the Medical College of Virginia in 1950, and served an internship at Charleston General Hospital, 1950-51.

Doctor Smith served two terms as treasurer and one as secretary of the Academy and was named president elect at the annual meeting in 1962.

He also is a member of the Kanawha Medical Society, West Virginia State Medical Association and American Medical Association.

More than 175 physicians attended scientific sessions which were held during the three-day meeting at the Civic Center in Charleston. Doctor Smith served as general chairman and the members of the program committee were Dr. Richard E. Flood of Weirton, Chairman, and Drs. Robert J. Johnson of Morgantown, Myer Bogarad of Weirton, John W. Hash of Charleston and Clark K. Sleeth of Morgantown.

Dr. Edward Jackson of St. Albans was in charge of local arrangements, and Dr. Martha Jane Coyner of Harrisville served as chairman of the scientific exhibit committee.

Doctor Benson called the meeting to order officially on Friday afternoon, May 24. The invocation was given by the Rev. Fr. Joseph O'Reilly of Charleston and addresses of welcome were delivered by the Hon. John A. Shanklin, Mayor of Charleston, and Dr. Kenneth G. MacDonald of Charleston, President of the Kanawha Medical Society.

The scientific session that afternoon was devoted to a program sponsored by the West Virginia Cancer Society.

Dr. John R. Heller of New York City, left, president and chief executive officer, Memorial Sloan-Kettering Cancer Center, was among the guest speakers at the 11th Annual Scientific Assembly of the West Virginia Chapter, AAGP. Shown with him are, left to right, Dr. James P. Cooney of New York City, vice president of medical affairs of the American Cancer Society, Dr. Robert J. Johnson of Morgantown, president of the West Virginia Cancer Society, and Dr. Richard E. Flood of Weirton, chairman of the program committee. In the other photo, Dr. Don S. Benson of Moundsville, right, immediate past president, is shown with Dr. E. Cuyler Hammond of New York City, director of statistical research for the American Cancer Society.

Fourteen Guest Speakers

Fourteen prominent physicians and surgeons appeared as guest speakers at the scientific sessions held during the meeting. Moderators were Drs. Robert J. Johnson of Morgantown, Myer Bogarad of Weirton, John W. Hash of Charleston, and Clark K. Sleeth of Morgantown.

Doctor Benson presented his presidential address at a session of the Academy's House of Delegates which was held at the Civic Center on Friday morning, May 24.

It also was announced during the meeting that the 12th Annual Scientific Assembly will be held in Charleston, May 15-17, 1964. Dr. Donald P. Brown of Kingwood was named chairman of the Program Committee.

Dr. Carl B. Hall of Charleston served as toastmaster for the banquet which was preceded by a social hour. The Past President's Key was presented to Doctor Benson by Dr. Randall Connolly of Vienna, a past president of the Academy. Entertainment included a presentation of "100 Years of West Virginia" by two members of the Kanawha Players and several selections by the Centennial Quartet.

Mrs. O. M. Harper of Clendenin was in charge of the entertainment program for wives of physicians in attendance at the meeting. Serving on the committee with her were Mesdames John W. Hash of Charleston and Edward Jackson of St. Albans.

New Film on Mouth Protectors

A new film on mouth protectors for athletes, "Block That Kick! In The Teeth," has been produced by the U. S. Department of Health, Education and Welfare.

The 16-minute color film, produced in cooperation with the American Dental Association and the National Federation of State High School Athletic Associations, shows how loss of teeth, other dental injuries and concussions can be prevented by mouth protectors.

Preview copies of the film may be obtained by writing to Mr. Fred M. Ashley, Regional Accident Prevention Consultant, Public Health Service, 700 East Jefferson Street, Charlottesville, Virginia.

Medicolegal Booklets Available

The Committee on Medicolegal Problems of the American Medical Association has published two new booklets. One, entitled "Professional Liability and the Physician," gives a brief but comprehensive survey of the problems of legal liability that arise out of a physician's practice.

The other, "Leaving Your Body to Medical Science," discusses the need for human bodies for medical study and research and the legal problems in relation to the donation of such bodies.

Single copies of the pamphlet may be obtained by writing the AMA Legal Department, 535 N. Dearborn Street, Chicago 10, Illinois.

Dr. John W. Hash of Charleston, left, presided at one of the scientific sessions of the 11th Annual Scientific Assembly of the West Virginia Chapter, AAGP. Speakers were, left to right, Dr. William B. Kiesewetter of Pittsburgh, Professor of Pediatric Surgery, University of Pittsburgh School of Medicine; Dr. Leonard L. Lovshin of Cleveland, Head of the Department of Internal Medicine at the Cleveland Clinic; and Dr. L. V. Dill of Washington, D. C., Associate Clinical Professor of Obstetrics and Gynecology at the Georgetown University School of Medicine.

Dr. Charles A. Hoffman Reelected Treasurer of AUA

Dr. Charles A. Hoffman of Huntington, a past president of the West Virginia State Medical Association, was reelected treasurer of the American Urological Association, during the 58th Annual Meeting of that organization which was held at the Sheraton-Jefferson Hotel in St. Louis, May 13-16.

Doctor Hoffman has been active for many years in the AUA and served for three years as Chairman of the Public Relations Committee. He is a past president of the Mid-Atlantic Section of the AUA.

He currently is serving as one of the two state delegates to the American Medical Association and also is Chairman of the Insurance Committee of the State Medical Association.

Medical Meetings, 1963

The following is a partial list of national, state and district medical meetings scheduled for 1963:

Aug. 22-24—W. Va. State Medical Association, The Greenbrier, White Sulphur Springs.
Aug. 26-29—American Hospital Assn., New York.
Sept. 6—W. Va. Heart Assn., Charleston.
Sept. 24-26—Kentucky Medical Assn., Lexington.
Oct. 2-4—W. Va. Hospital Association, Wheeling.
Oct. 3—Rural Health Conf., Jackson's Mill.
Oct. 6-9—Virginia Medical Society, Roanoke.
Oct. 9-12—Pennsylvania Med. Society, Pittsburgh.
Oct. 10-12—AMA School Conference, Chicago.
Oct. 13—GP Symposium, Wheeling.
Oct. 13-19—World Medical Assn., New York.
Oct. 17-19—Cardiac Symposium, Morgantown.
Oct. 21-22—American Cancer Soc., New York.
Oct. 21-24—Interstate PG Assn., Chicago.
Oct. 25-27—Potomac-Shenandoah Valley PG Institute, Martinsburg.
Oct. 25-29—American Heart Assn., Los Angeles.
Oct. 27-31—ACS Clinical Congress, San Francisco.
Nov. 18-21—Southern Medical, New Orleans, La.
Nov. 30-Dec. 1—ACCP Interim Meeting, Portland.
Dec. 1-3—AMA Clinical Meeting, Portland.

W. Va. Allergy Society Plans Meeting At The Greenbrier on Aug. 22

A "Symposium on Occupational, Household and Cosmetic Allergy" will be sponsored by the West Virginia State Society of Allergy during the 96th annual meeting of the West Virginia State Medical Association at The Greenbrier in White Sulphur Springs, August 22-24.

A. Harvey Neidorff, M. D.

Dr. Merle S. Scherr of Charleston, Secretary of the Society, announced that one of the guest speakers will be Dr. A. Harvey Neidorff of Altoona, Pennsylvania. The meeting will be held on Thursday afternoon, August 22, and the other speakers will be announced at a later date.

Doctor Neidorff, who is chief of dermatology and allergy at Mercy Hospital in Altoona, was graduated from the City College of New York and received his medical training at the University of Vienna. He was awarded the "Von Pirquet Gold Medal" this year for his work in the field of allergy.

Dr. W. L. Neal of Huntington is president of the Society, and Dr. Charles L. Leonard of Elkins, vice president.

Doctor Kinloch Nelson Appointed Dean Of Medical College of Virginia

Dr. Kinloch Nelson of Richmond assumed his duties as Dean of the Medical College of Virginia on July 1, succeeding Dr. William F. Maloney who resigned to accept a position with the Association of American Medical Colleges.

Doctor Nelson is a native of Richmond and received his M.D. degree in 1927 from the University of Virginia School of Medicine. He interned at the University of Minnesota Hospital and served a residency in medicine at the Billings Memorial Hospital of the University of Chicago.

During World War II, he served as a major in the 45th General Hospital at Rabat, French Morocco, and in Naples, Italy.

Doctor Nelson has been associated in various capacities with MCV since 1929 and in 1945 he became a full-time member of the staff. He holds the rank of Professor of Medicine.

He is a past president of the Richmond Academy of Medicine and is currently serving as speaker of the House of Delegates of the Medical Society of Virginia. He has served since 1959 as governor of the Virginia Chapter of the American College of Physicians.

Doctor Nelson has many friends throughout West Virginia and he attends the annual meetings of the State Medical Association at The Greenbrier.

National Council for Accreditation Of Nursing Homes Organized

A National Council for the Accreditation of Nursing Homes, jointly sponsored by the American Medical Association and the American Nursing Home Association, has been organized to carry out a nationwide program to promote high standards among nursing homes.

Organization of the new council, including the appointment of a nine-member Board of Directors, was completed at a recent meeting of representatives of the AMA and the ANHA in Chicago.

The Board of Directors is composed of five physicians and four owners and operators of nursing homes.

Physician members are Dr. M. Close Hesseltine of Chicago; Dr. Pierre Salmon of San Mateo, California; Dr. Wilson T. Sowder of Jacksonville, Florida; Dr. Thomas McCreary of Rochester, Pennsylvania; and Dr. Frederick C. Swartz of East Lansing, Michigan.

The National Council for the Accreditation of Nursing Homes will be headquartered in Chicago, with a full-time executive director to administer the program. The executive director has not yet been selected.

Mrs. Eleanor Baird of New Milford, Connecticut, was named chairman of the Board of Directors, and Doctor Hesseltine was selected as vice-chairman.

Mrs. Baird pointed out that nursing homes are becoming increasingly important in health care with the rising population of older citizens and the wider use of nursing homes for convalescence and care of the chronically ill.

She said that a national accreditation program which recognizes nursing homes of high standards will serve to raise standards in all nursing homes.

The number of skilled nursing homes increased from 7,000 in 1954 to 9,700 in 1961, with a total bed capacity increase from 180,000 to 338,700.

Change of Address

Members of the West Virginia State Medical Association are requested to notify the headquarters offices promptly concerning any change in address. Notices should be mailed to Box 1031, Charleston 24, West Virginia.

New Medical Films Available

Two new medical films have been completed by Winthrop Laboratories and are now available for showings before county medical societies and allied organizations. Both films are in 16 mm. color with sound.

"A New Diagnostic Technic for Stroke—Retrograde Cerebral Angiography" was filmed at All Souls Hospital in Morristown, New Jersey. The second film, made at Massachusetts General Hospital in Boston, is entitled "Vitallium Mold Arthroplasty for Lesions of the First M-P Joint of the Foot; Proper Digital Neurofibromatosis—Surgical Treatment."

Prints of the films may be obtained by writing Winthrop Laboratories Division, Sterling Drug, Inc., New York 18, New York.

State Department of Health Concerned Over Rise in Venereal Diseases

The State Department of Health has expressed concern over the mounting venereal disease rates in West Virginia, particularly among the state's teenage population.

In a recent issue of "State of the State's Health," Director of Health N. H. Dyer said that early data for the 1962-63 fiscal year indicated that the total of infectious syphilis cases will even eclipse the 1962 record high, which showed a 70 per cent increase in West Virginia over the previous year.

"Our concern grows," he commented, "when we realize the large number of cases of infectious syphilis which are not being reported to the local health departments. This points to the need for better cooperation of private physicians in the reporting of cases in order that contacts may be traced and treated."

The under-24 age group in West Virginia accounted for 41 per cent of all infectious syphilis and over 58 per cent of all reported gonorrhea in the latest tabulation. "Here we are not concerned with servicemen or prostitutes, but our teenagers—all of them, regardless of social or economic status," Doctor Dyer warned. He called for parents and physicians to assume greater responsibility for providing information to their children and their young patients.

Attention Called to Teenage Smoking

In another issue of the "State of the State's Health," Doctor Dyer commented on the increase in teenage smoking in West Virginia, citing a recent national study which revealed that one high school student in three is a regular cigarette smoker.

He criticized the apathy of parents in not dealing with this problem but commented that "our schools also have a serious obligation to give attention to this health hazard. One chapter in a health text is not 'fulfilling this obligation.' Neither is the flagrant unexpressed 'permission' to smoke around the schools and between classes. Too many of our school administrators simply do not exercise the controls which are theirs to exercise—providing tacit approval through the opportunity offered."

"With more attention—by health personnel, parents and educators—fewer teenagers, and ultimately fewer adults, will become cigarette smokers," he predicted. "We feel that such a change of direction in smoking habits will result in a decrease in morbidity and mortality from lung cancer and numerous other diseases. Would it not be worth the effort?"

Doctor Dyer expressed the hope in another issue of the weekly publication that school sanitation facilities would be improved before the start of the 1963-64 school year. A survey based on a sample of 2,165 schools in 50 counties disclosed that 1.8 per cent of those schools checked do not have a water supply system and those in approximately 200 others could not be considered satisfactory for approval. Toilet facilities were lacking in 1.5 per cent of the schools and more than 600 did not meet minimum standards.

42 Men and One Woman Receive M. D. Degrees at WVU

Forty-two men and one woman received M. D. degrees from the West Virginia University School of Medicine at the 94th WVU Commencement Exercises in Morgantown on June 3.

The first class of 14 men and one woman received M. D. degrees in June, 1962, and members are now completing their one-year internships.

Dr. Thomas M. Durant of Philadelphia, Professor and Chairman of the Department of Internal Medicine at the Temple University School of Medicine, was the guest speaker at a special investiture ceremony for the new physicians on June 2. Dean Clark K. Sleeth of the WVU School of Medicine presented each with the traditional green academic hood.

Members of the class and their home towns follow:

Alma—Terry T. Tallman.

Arthurdale—John L. Fullmer.

Athens—Volney W. Hash, Jr.

Beckley—Richard D. Richmond.

Belington—Alfred N. Karickhoff.

Belle—James L. Bryant.

Bluefield—Donald C. Dickenson and James McCoy.

Chapmanville—Dorval H. Donahoe.

Charleston—Frederick H. Dobbs II, Jack Pushkin, David E. Smith, Richard M. Thompson, Edward S. Weisberg and Grover R. Tompkins.

Charles Town—Barry M. Smith.

Clarksburg—John L. Barile, William F. Brassine and James E. Kopp.

Fairmont—John T. Fuscaldo.

Huntington—Gary C. Gilbert and Charles E. Turner.

Kenova—Larry B. Craycraft.

Kimball—Ricci J. Larese.

Mannington—John T. McMurray.

Minnehaha Springs—Lowell T. Mouser.

Mona—Stanley J. Kandzari.

Monaville—Gary D. Bliffen.

Montgomery—Robert G. Young.

Morgantown—Okey H. Sanford, Jr., Roy J. Stevens and Donald R. Swartz.

Parkersburg—John W. McBride, Donald R. Fowler and Robert F. Gustke.

St. Albans—John W. Vaughan.

Wheeling—Mrs. Mary R. Baker, Charles H. Bonnesen, Charles V. Hughes, Jr., George R. Naum and Sidney A. Vinall.

Williamson—Randall E. Johnson.

Van—David E. Wallace.

Family Guide-Emergency Health Care

The AMA Department of National Security has procured a number of copies of the newly revised Family Guide-Emergency Health Care manual for distribution to physicians. This new publication is a combination of the original Family Guide and the lessons and illustrations from the Medical Self-Help Program. Interested physicians are requested to write the Department of National Security, American Medical Association, 535 N. Dearborn Street, Chicago 10, Illinois.

New Association Members

Dr. Melvyn B. Amsel, The Golden Clinic, Elkins (B-R-T). Doctor Amsel was born in New York City and was graduated from New York University. He received his M. D. degree in 1955 from the New York University School of Medicine, and he served an internship and residency at Bellevue Hospital in New York City, 1956-60. He served as Chief of Surgery at the Vandenberg Air Force Base in California, 1960-62 and he was released from service with the rank of Captain. His specialty is surgery.

* * * *

Dr. Beverly N. Chambers, Burlington (Potomac Valley). Doctor Chambers, a native of Charleston, was graduated from Marshall University. He attended the two-year School of Medicine at West Virginia University and received his M. D. degree in 1958 from the Medical College of Virginia. He interned at the District of Columbia General Hospital in Washington, D. C., 1958-59, and served for three years as a Captain in the Medical Corps of the United States Air Force. He is engaged in general practice.

* * * *

Dr. George S. Kosar, 3172 Main Street, Weirton (Hancock). Doctor Kosar was born in Weirton and was graduated from the University of Buffalo. He attended the two-year School of Medicine at West Virginia University and received his M.D. degree in 1958 from the University of Pittsburgh School of Medicine. He interned at Shadyside Hospital in Pittsburgh, 1958-59, and served a residency at Huron Road Hospital, 1959-62. He served in the United States Navy and his specialty is obstetrics and gynecology.

* * * *

Dr. Serafin T. Ortiz, 5 Main Street, Cameron (Marshall). Doctor Ortiz was born in the Philippines and was graduated from Far Eastern University. He received his M. D. degree from Manila Central School of Medicine and served an internship at Lincoln Hospital in Durham, North Carolina, 1955-56. He served residencies from 1956 to 1962 at Sharon General Hospital in Sharon, Pa., Trumball Memorial Hospital in Warren, Ohio, Logan General Hospital and Weirton General Hospital. He is engaged in general practice.

* * * *

Dr. Abraham Tow, Guyan Valley Hospital, Logan (Logan). Doctor Tow, a native of New York City, was graduated from the College of the City of New York and received his M. D. degree in 1921 from the Tulane University School of Medicine. He interned at Lenox Hill Hospital in New York City, 1921-23, and had postgraduate work in Berlin and Vienna. He served in the United States Army during World War I and with the Medical Corps of the United States Army during World War II. He was released with the rank of Lt. Colonel. Prior to coming to West Virginia he served as Clinical Professor of Pediatrics at New York Polyclinic Medical School and Hospital, 1939-57.

The first thing to turn green in spring is the Christmas jewelry.—Kin Hubbard.

State Medical Association Lists Names of New Members

The following is a list by component societies of new members of the West Virginia State Medical Association elected since January 1, 1963:

Barbour-Randolph-Tucker

Amsel, Melvyn B.	Elkins
Herman, Russell Charles	Philippi
Magee, James B.	Elkins

Cabell

Scott, Thomas Francis	Huntington

Eastern Panhandle

Burgess, Clyde A.	Berkeley Springs
Hendricks, Daniel E.	Martinsburg
Powell, C. W.	"

Fayette

Blake, D. Alene	Oak Hill

Greenbrier Valley

Prillaman, Paul E., Jr.	Ronceverte

Hancock

Kosar, George S.	Weirton

Harrison

Brown, Hugh Michael	Clarksburg
Galuszka, Albin Adolph	"
Smith, Boylston D., Jr.	"

Kanawha

Gall, Geza Z.	South Charleston
Goodno, John A., Jr.	Charleston
McCoy, A. Thomas	"
Rubin, Philip Morris	"

Logan

Burkhard, Ernst A.	Logan
Chang, Chae Han	Man
Chun, Chung Sook	"
Lee, Kwan Ho	Logan
Owsley, Lawrence H.	"

Marshall

Ortiz, Serafin T.	Cameron

McDowell

Hazlehurst, G. E.	Welch

Mercer

Gatherum, David H.	Bluefield

Monongalia

Chamberlain, Charles R., Jr.	Morgantown
Goplerud, Dean Roy	"
Yeakel, Allen E.	"

Ohio

Battaglino, John J., Jr.	Wheeling
Krivchenia, Gregory B.	"
Lenton, Charles T., Jr.	"
Perry, Robert S	"
Reed, Robert J , III	"
Sinclair, William P.	"

Potomac Valley

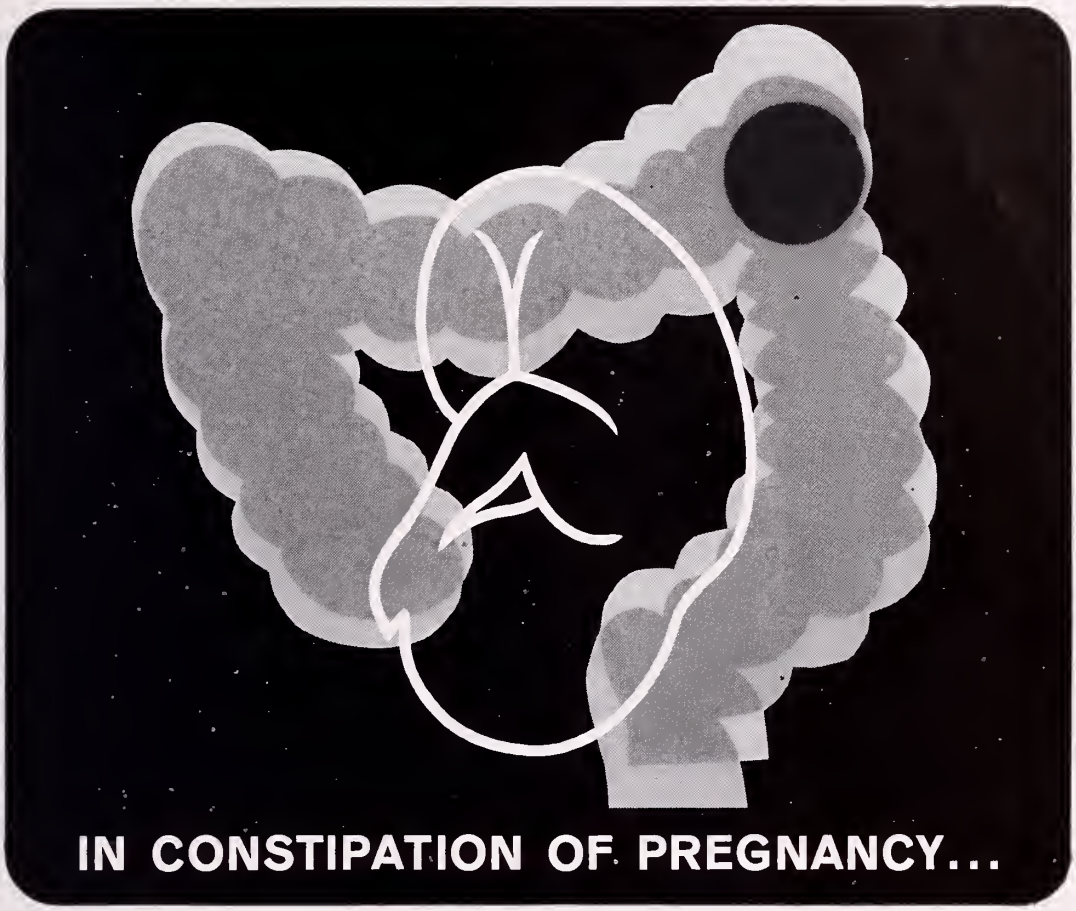
Boone, William Harry	Keyser
Chambers, Beverly N.	Burlington

Raleigh

de Armas, Francisco M.	Beckley
Klingensmith, Walter E.	"
McLean, William D.	"
Steiner, William E.	"
Zambos, Nicholas D.	"

Wyoming

Piedra, Jorge de la	Mullens



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Since its action is not systemic and not habit forming, Metamucil may be safely administered throughout pregnancy.

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Research in the Service of Medicine

WVU Medical Center
—News—

• **Compiled from material furnished by Howard Lewis, Administrative Assistant to the Vice President, West Virginia University Medical Center, Morgantown, West Virginia.**

THE second recipient of a scholarship awarded annually by the West Virginia State Medical Association to a student enrolled in the West Virginia University School of Medicine was among the 43 students who received their M. D. degrees at commencement exercises in Morgantown on June 3.

Dr. Terry T. Tallman of Alma, Tyler County, received the scholarship at the beginning of his four-year training in 1958. The four-year scholarship was worth $4,000.

Four recipients of West Virginia State Medical Association scholarships to the West Virginia University School of Medicine are shown above. Left to right, Dr. Terry T. Tallman of Alma, Tyler County, who received his M. D. degree on June 3; Paul Brooks of Sissonville, a freshman; Clare D. Edman of Parkersburg, a sophomore; and Glenn Buchanan of Gilbert, Wyoming County, a junior.

He will serve his internship at the West Virginia University Hospital in Morgantown.

Doctor Tallman attended public schools in Tyler County and took his pre-medical training at WVU. He is married and is the father of one child.

Dr. Larry Hemmings of Charleston, recipient of the first scholarship, received his M. D. degree in June, 1962, and now is serving his internship at the U. S. Naval Hospital in Bethesda, Maryland.

Scholarships were awarded to Glenn Buchanan of Gilbert, Mingo County, in 1960; to Clare D. Edman of Parkersburg in 1961; to Paul Brooks of Sissonville and Paul E. Lanham of Charleston in 1962; and in 1963 to J. Donald Morrison of Huntington and Richard L. Hess of Clarksburg.

Dr. Jack Pushkin Top Man in Class

Dr. Jack Pushkin of Charleston was the top man in the 43-member class that received M. D. degrees from the WVU School of Medicine last month.

He received the honor based on academic achievement during the four years of medical school. A veteran of service in the United States Navy, he will serve a one-year internship at the University of Minnesota Hospital in Minneapolis.

Doctor Pushkin attended public schools in Huntington and Marshall University for one year before transferring to WVU where he received three degrees.

He is married to the former Marsha Diznoff of Charleston and is the father of a six-month-old son, David. He is a member of Mountain, ranking men's honorary at WVU, Phi Beta Pi medical fraternity, and the Alpha Omega Alpha Society for outstanding medical students.

Doctor Pushkin and other members of the class were honored at a special investiture ceremony on June 2. Dr. Thomas M. Durant of Philadelphia, Professor and Chairman of the Department of Internal Medicine at the Temple University School of Medicine, was the guest speaker.

Library Receives Gift

The WVU Medical Center Library recently received a $1,200 gift of books from the Industrial Medical Association of the Pittsburgh-Cleveland area. Dean Clark K. Sleeth said the texts, reference works and other volumes will be called an "occupational health bookshelf."

Dean Sleeth said the action of the I.M.A. in providing this library resource "reflects a genuine concern with the breadth and quality of medical education and is sincerely appreciated by the faculty and students of the school and by the practitioners in the region, all of whom have access to the library."

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A potent analgesic and
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5. Hypersensitivity to carisoprodol may occur rarely. Codeine may produce addiction, nausea, vomiting, constipation or miosis.

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The Month in Washington

CHAIRMAN Wilbur D. Mills (D., Ark.) of the House Ways and Means Committee has made clear that he still opposes the Kennedy Administration's legislation which would provide social security hospitalization for aged persons. Mills said he did not intend to permit a social security bill he introduced to be used as a vehicle for Congressional action on any version of President Kennedy's disputed program.

The Mills bill would make the first $5,400 in annual earnings subject to the social security tax. It is $4,800 now. Kennedy's social security hospitalization bill would increase the tax base to $5,200. The objective of the Mills bill is to strengthen the social security trust fund's financing by eliminating most of the long-range deficit now in prospect.

"My only intention in introducing the bill is to get the fund on an actuarially sound basis and to call attention to the fact that it is not actuarially sound now," Mills said.

"I assume everybody knows that I do not support the enactment of medicare under the social security program."

Another Democrat on the Ways and Means Committee, Rep. A. Sidney Herlong, Jr., of Florida, also expressed strong opposition recently to the Kennedy legislation, known as the King-Anderson bill, or any other plan to finance health care through social security.

Mental Health Bill Approved

The Senate has approved the Kennedy Administration's $848.5 million mental health bill by a vote of 72 to 1. Its sponsors were confident of House passage also. The American Medical Association had testified in support of the legislation when it was before the Senate Labor and Public Welfare Committee.

The bill would provide:

(1) A four-year program, costing $230,000,000, under which Federal grants would go to states for construction of public or other nonprofit community mental health centers. Funds would be allocated on the basis of population and need.

(2) An eight-year program, costing $427,000,000, of Federal grants to states for staffing of these mental health centers. Federal aid would gradually decrease and eventually would be cut off.

(3) A five-year program, costing $30,000,000, of Federal grants to public or other nonprofit institutions for construction of research centers and facilities for the mentally retarded.

• **From the Washington Office of the American Medical Association.**

(4) A five-year program, costing $42,500,000 of Federal grants for constructing college or university facilities to offer services to the mentally retarded and training for persons dealing with the retarded.

(5) A four-year program, costing $67,500,000, of Federal grants to states for constructing facilities for the mentally retarded. Funds would be allocated on the basis of population and need.

(6) A three-year program, costing $45,500,000, for training of teachers of the mentally retarded, deaf, emotionally disturbed, crippled and other handicapped children.

(7) A three-year program of research and demonstration projects in education of the handicapped.

Report of Cancer Institute

The National Cancer Institute says that research strongly suggests viruses cause cancers in humans.

Reviewing medical research in the past year before a House budget subcommittee, a National Institute of Health official said:

"The scientific evidence accumulated over a number of years, and particularly in the last half-dozen years, has demonstrated that viruses cause many forms of cancer in animals under experimental conditions. . . .

"The large volume of such evidence, coming from a wide variety of scientific disciplines, is so strongly suggestive of a virus-cancer relationship in man that the National Cancer Institute has given active encouragement to research in this area. To date, no human cancer-causing virus has been found. However, we know for example of a group of human viruses that have not yet been linked with specific disease, and some animal viruses that cause bizarre changes in human cells growing in tissue culture. . . .

"The present state of knowledge leaves no doubt in our minds that viruses must be studied not only as a single possible cause of cancer in man, but in the whole context of carcinogenesis. The possible interaction of substances in the total environment—such as radiation, chemicals, and viruses—in giving rise to cancer in the population must be taken into account. Already there is laboratory evidence that this can occur in animals."

NTz Nasal Spray gives prompt, dependable decongestion of the nasal membranes for fast symptomatic relief of hay fever. The first spray shrinks the turbinates, restores nasal ventilation and stops mouth breathing. The second spray, a few minutes later, improves sinus ventilation and drainage. Excessive rhinorrhea is reduced.

NTz Nasal Spray also provides decongestive relief for head colds, perennial rhinitis and sinusitis. Supplied in leakproof, pocket-size, squeeze bottles of 20 ml. and in bottles of 30 ml. with dropper.

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NTz is more than a simple vasoconstrictor. It contains Neo-Synephrine® HCl 0.5%—the efficacy of which is unexcelled—to shrink nasal membranes and provide inner space; Thenfadil® HCl 0.1% for topical antiallergic action; and Zephiran® Cl 1:5000 (antibacterial wetting agent) to promote the spread of the decongestant components to less accessible nasal areas.

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Obituaries

JENNINGS WALKER TRAVIS, M. D.

Dr. Jennings Walker Travis, 79, of Grafton, died on May 18 at his home in that city.

He was a native of Morris Cross Roads, Pennsylvania, and was graduated from the Business College of Fairmont. He received his M. D. degree in 1909 from the University of the South Medical Department in Sewanee, Tennessee, and opened his practice in Grafton in 1910.

Doctor Travis was a former member of the Taylor County Medical Society, West Virginia State Medical Association and American Medical Association.

Besides his widow, he is survived by two sisters, Mrs. Sam Boyce of Blueville, and Mrs. Lula Snead of Zanesville, Ohio.

LEWIS A. WHITAKER, M. D.

Dr. Lewis A. Whitaker, 81, of Weirton, whose three sons are physicians, died in a Mercer, Pennsylvania, hospital on May 27.

Doctor Whitaker, who was a native of Dravosburg, Pennsylvania, was born on August 21, 1881, son of William and Elizabeth Cory Whitaker. He was graduated from Allegheny College and received his M. D. degree in 1908 from the University of Pittsburgh School of Medicine.

He opened his practice in Weirton in 1909 and was Chief Medical Director for the Weirton Steel Co. from 1933 until his retirement in 1952.

Doctor Whitaker was an honorary life member of the Hancock County Medical Society, West Virginia State Medical Association and American Medical Association.

Besides his widow, he is survived by his sons, Drs. Darrell W. Whitaker of Yadley, Pennsylvania; Paul J. Whitaker of Milwaukee, Wisconsin; and Theodore R. Whitaker of Weirton.

Drugs to Empty Beds

When I edited a "Handbook of Therapy" in 1914, I found that some 30 or 40 remedies were being used in the treatment of tuberculosis, none of which were of much avail; then eventually a specific remedy was discovered, namely streptomycin, discovered by Selman Waksman, and immediately tuberculosis began to come under control.

Still later came another pharmaceutical discovery, paramino salicylic acid, and following that, isoniazide; and now by the combination of these remedies a vast majority of sanatoriums find themselves with empty beds.—Morris Fishbein, M. D.

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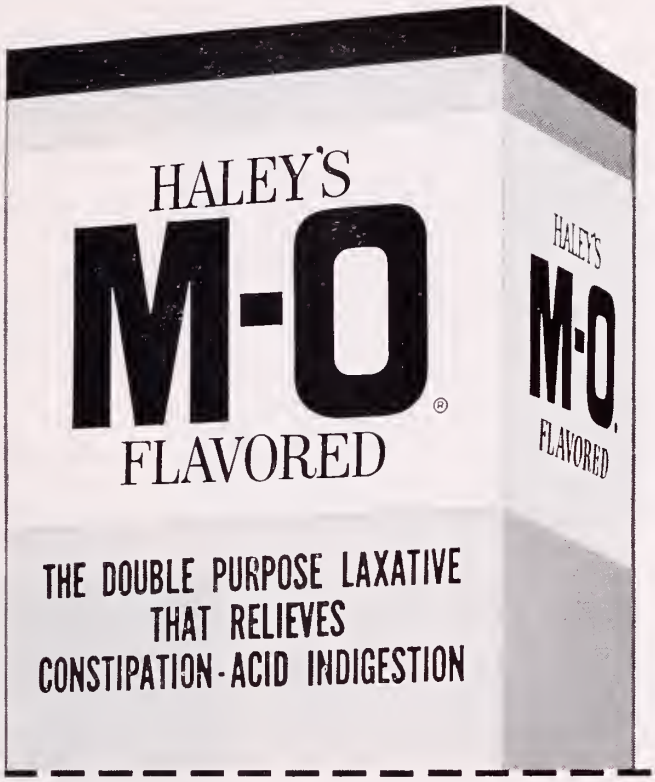

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County Societies

BARBOUR-RANDOLPH-TUCKER

Dr. Vernon E. Duckwall of Elkins was elected president of the Barbour-Randolph-Tucker Medical Society at the regular monthly meeting which was held at Hinebaugh's Restaurant in Parsons on May 16. He succeeds Dr. R W. Cronlund of Philippi.

Other officers elected were as follows: Dr. A. C. Thompson of Elkins, vice president; Dr. A. Kyle Bush of Philippi, secretary; and Dr. Guy H. Michael, Jr., of Parsons, treasurer.

Dr. Byron M. Bloor of Morgantown, Professor and Chairman of the Division of Neurological Surgery at the West Virginia University School of Medicine, was the guest speaker. He presented an interesting paper on "Strokes" in which he discussed the physiology of the brain and various methods of measuring its functions.

Dr. Charles E. Leonard of Elkins was appointed chairman of "Operation Hometown," the medical profession's legislative campaign which will be carried out at the county society level throughout the country to offset the mounting pressure for King-Anderson legislation in the 88th Congress. A film, with a message from Dr. Edward R. Annis, AMA President, was shown. Doctor Annis outlined in detail the manner in which the campaign is to be conducted by physicians on the local level.—A. Kyle Bush, M. D., Secretary.

* * * *

CENTRAL WEST VIRGINIA

Dr. George T. Hoylman was elected president of the Central West Virginia Medical Society at a meeting held in Weston on May 16. Dr. Donald S. Groves of Summersville was named vice president and Dr. R. L. Chamberlain of Buckhannon was reelected secretary-treasurer.

During the business meeting, Dr. William D. McClung of Summersville was unanimously elected to membership in the Society by transfer from the Kanawha Medical Society.

The Society voted to sponsor a needy diabetic child at Camp Kno-Koma this summer and to become a sustaining member of the Student American Medical Association. It also was reported that an active Sabin vaccine program has been undertaken in Upshur County.—R. L. Chamberlain, M. D., Secretary-Treasurer.

* * * *

HANCOCK

The regular monthly meeting of the Hancock County Medical Society was held at the Williams Country Club in Weirton on May 21.

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Surgery:
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A. KYLE BUSH, M. D.

Gynecology and Obstetrics:
RAYMOND W. CRONLUND, M. D.

Internal Medicine:
JOHN E. LENOX, M. D.
J. L. RITTMEYER, M. D.
ERNEST G. GUY, M. D.

Pediatrics: CORA C. LENOX, M. D.

Dentistry: GLENN B. POLING, D. D. S.

Anesthesiology
G. E. HARTLE, M. D.

Broaddus Hospital Resident Staff:
CHIN-JO TSENG, M. D.
S. A. QADIR, M. D.
SION SOLEYMANI, M. D.
RUSSELL C. HERMAN, M. D.

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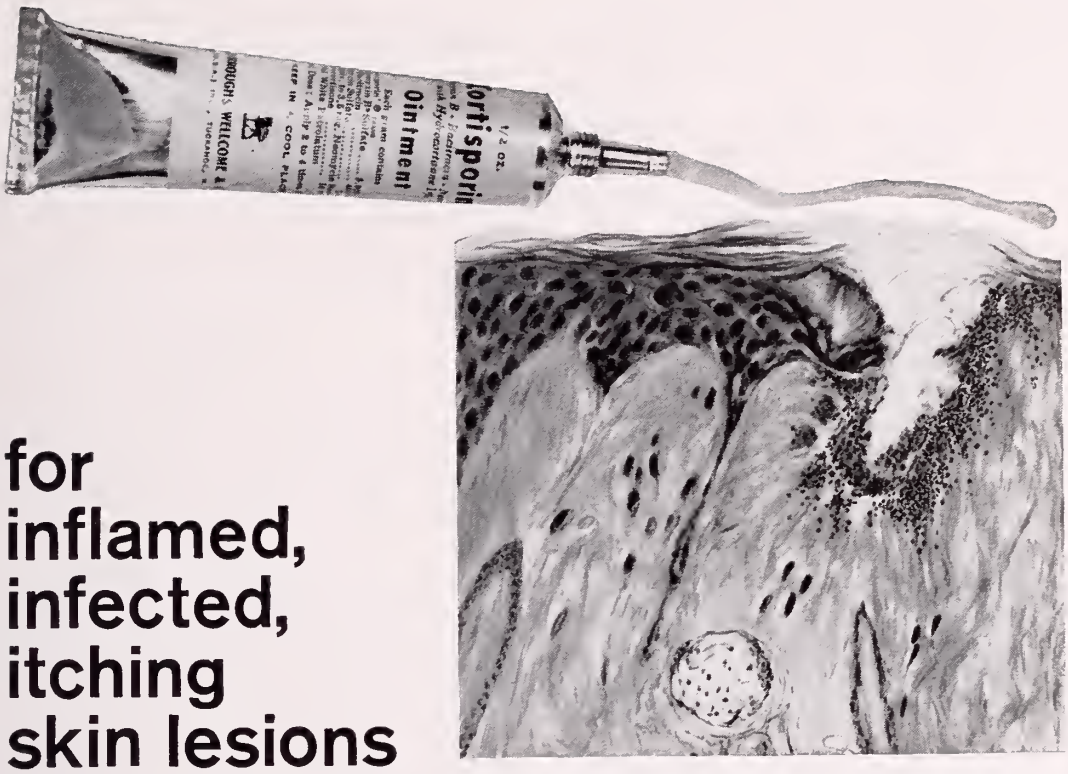

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Caution: As with other antibiotic products, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

Contraindications: Local application is contraindicated in tuberculous conditions of the skin, herpes simplex, vaccinia and varicella.

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HUNTINGTON, WEST VIRGINIA

Dr. Irwin M. Bogarad, the president, presided at the business meeting and the Society voted to endorse a mental health program which is being developed by a steering committee for Hancock and Brooke Counties.

Drs. Irwin M. Bogarad, Richard E. Flood and David H. Williams were named delegates to the annual meeting of the West Virginia State Medical Association at The Greenbrier in August. Named alternates were Drs. J. M. Brand of Chester and E. M. Clubb, Jr.

The Society also voted to contribute $500 to the Charles Lively Memorial Scholarship Fund of the State Medical Association.

* * * *

McDOWELL

The regular monthly meeting of the McDowell County Medical Society was held at Grace Hospital in Welch on April 10.

Members of the Society voted to contribute $70 to Camp Kno-Koma, a summer camp for diabetic children of West Virginia.

Dr. Dante Castrodale, the president, discussed "Operation Hometown" at the regular monthly meeting of the McDowell County Medical Society which was held at the Stevens Clinic Hospital in Welch on May 8.

"Operation Hometown" is the medical profession's legislative campaign to offset the mounting pressure for King-Anderson legislation in the 88th Congress.

Dr. W. E. Copenhaver of Bluefield presented a movie on breast cancer at the meeting which was attended by 23 members.—J. Hunter Smith, M. D., Secretary.

* * * *

MERCER

Dr. Edmund B. Flink of Morgantown was the guest speaker at the regular monthly meeting of the Mercer County Medical Society which was held at the West Virginian Hotel in Bluefield on April 15.

Doctor Flink, who is Professor and Chairman of the Department of Medicine at the WVU School of Medicine, presented an interesting paper on "Fluids and Electrolyte Balance."

During the business meeting, Dr. John A. Warden presented a committee report in regard to the Mercer County Medical Society sponsoring a postgraduate symposium during the fall. It was suggested that the Society's committee on public health be reactivated to help with the planning of the Mercer County Health Center, and the Society also went on record as approving unanimously a resolution supporting the Tuberculosis Association in its campaign against respiratory diseases.—J. Brookins Taylor, M. D., Secretary.

* * * *

MONONGALIA

Dr. L. J. Pace of Princeton, President of the West Virginia State Medical Association, was the guest speaker at the regular monthly meeting of the Monongalia County Medical Society at the Hotel Morgan in Morgantown on May 7.

Doctor Pace discussed "Operation Hometown," the medical profession's legislative campaign to offset the mounting pressure of King-Anderson legislation in the 88th Congress. A film, with a message from Dr. Edward R. Annis, AMA President, also was shown to the 37 members and guests attending the meeting. Doctor Annis outlined in detail the manner in which the campaign is to be conducted by physicians at the local level.

Dr. George A. Curry was named campaign chairman and will be assisted by Mrs. Clark K. Sleeth and Drs. E. F. Heiskell, Jr., Eldon B. Tucker, C. Truman Thompson, W. E. King and Justus C. Pickett.—George A. Curry, M. D., Secretary.

* * * *

RALEIGH

Dr. Richard A. Currie of Morgantown, Assistant Professor of Surgery at the West Virginia University School of Medicine, was the guest speaker at the regular monthly meeting of the Raleigh County Medical Society which was held at the Pine Lodge Nursing and Convalescent Home near Beckley on May 16.

Doctor Currie, formerly a member of the staff at Beckley Memorial Hospital, discussed undergraduate and graduate training programs in surgery at the WVU School of Medicine. In an afternoon session at Beckley Memorial Hospital he presented a paper on "Anomalous Muscle Bundles of the Right Ventricular Outflow Tract."

Medicine as a Career

A recently completed depth survey of high school, pre-med and medical students, drop-outs, and interns and residents, indicates that the junior and senior years in high school are the critical times in career choice.

The survey, conducted by the Student American Medical Association under a grant from Merck Sharp and Dohme, Inc., provides the following profile of the "typical" young physician.

(1) He chose medicine as a career because of the humanitarian aspects of the work.

(2) He was influenced by others in making his choice—primarily his family, with other physicans, including his family doctor, a close second.

(3) Few people have counseled him against a medical career.

(4) It's a 50:50 chance he considered dropping medicine during pre-med training.

(5) He believes the burden for recruiting new people to medicine rests primarily with the individual physician.

(6) He feels that the major deterrents to the study of medicine are the time, effort and amount of study necessary, with financial burdens of secondary consideration.

(7) He would encourage others to choose medicine as a career, and would make the same choice again himself.

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Orthopedic Surgery:
C. B. Buffington, M. D.
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Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibold, M. D.
Robert T. Brandfass, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.
Frank M. Hudson, M. D.

Internal Medicine:
Charles H. Hiles, M. D.
Albert M. Valentine, M. D.
James A. Jacob, Jr., M. D.

Psychiatry and Neurology
Albert L. Wanner, M. D.
Stephen D. Ward, M. D.
David H. Smith, M. D.

Roentgenology:
William K. Kalbfleisch, M. D.

Clinical Laboratories:
Nancy Fondriest, M. T.

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Electrocardiography:
Patricia Pastor, R. N.
Electroencephalography:
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Woman's Auxiliary

to the

WEST VIRGINIA STATE MEDICAL ASSOCIATION

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First Vice President: Mrs. L. Dale Simmons, Clarksburg
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Third Vice President: Mrs. Andrew J. Weaver, Clarksburg
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Corresponding Secretary: Mrs. C. J. Holley, Wheeling
Parliamentarian: Mrs. J. E. Spargo, Jr., Wheeling

GREENBRIER VALLEY

The Woman's Auxiliary to the Greenbrier Valley Medical Society held its regular monthly meeting at Kelly's Restaurant in Marlinton on May 21.

Mrs. Philip W. Oden of Ronceverte, the new president, was installed by Mrs. Robert R. Pittman of Marlinton. Other new officers installed were Mrs. George E. Farrell of Lewisburg, vice president; Mrs. Ernest T. Cobb of Ronceverte, corresponding secretary; and Mrs. Harold D. Gunning of Ronceverte, treasurer.

MARION

The Marion County Medical Society and Auxiliary were hosts to members and guests of the Monongalia and Harrison County Medical Societies at the annual Doctors' Day picnic which was held at the Fairmont Field Club in Fairmont on May 23.

Dr. Perry E. Gresham, president of Bethany College, was the guest speaker. He urged physicians and their wives to take a more active role in politics.

Dr. Claude S. Lawson, Jr., the president, welcomed the guests and Mrs. E. D. Wise served as chairman for the picnic. She was assisted by Mesdames William T. Lawson, L. Rush Lambert, Jack C. Morgan and Robert B. Hamilton.

* * * *

McDOWELL

Mrs. J. Hunter Smith was installed as president of the Woman's Auxiliary to the McDowell County Medical Society at the May meeting which was held in Welch. Other officers for the coming year are as follows:

Mrs. Richard O. Gale, president elect; Mrs. F. L. Johnston, first vice president; Mrs. William J. Berry, second vice president; Mrs. John H. Murry, secretary; and Mrs. Louis A. Vega, treasurer.

It was reported that 100 members of Health Career Clubs at seven of McDowell County's nine high schools attended a tea sponsored by the Auxiliary in April at the Appalachian Community Room in Welch.—Mrs. F. L. Johnston, Secretary.

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Drowsiness and occasional lightheadedness, usually transient, are often signs of dosage higher than necessary for therapeutic effect. There are no known contraindications to mebutamate.

Usual Dosage: One 300 mg. tablet 3 or 4 times daily, before meals and at bedtime. Dosage should be adjusted to individual requirements; for example, older patients may require lower dosage.

Composition: Each tablet contains mebutamate, 300 mg.

Supplied: Bottles of 100 white, scored tablets. Literature and samples to physicians on request.

References: 1. Corcoran, A. C., and Loyke, H. F.: J.A.M.A. *181*:1043, Sept. 22, 1962. 2. Costello, A. C.: M. Times *91*:53, Jan. 1963. 3. Holloman, J. L. S., Jr.: J. Nat. M. A. *54*:94, Jan. 1962. 4. Kheim, T., and Kountz, W. B.: New York J. Med. *62*:1596, May 15, 1962. 5. Leslie, C. H.: J. Am. Geriatrics Soc. *10*:85, Jan. 1962.

6/63 63WL36K-12

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MERCER

Mrs. J. E. Blaydes, Jr., of Bluefield, was installed as president of the Woman's Auxiliary to the Mercer County Medical Society at the May meeting which was held at the home of Mrs. Roy Eades in Princeton.

Mrs. Frederic C. Goodall, the outgoing president, presided at the business meeting and Mrs. Jess P. Champion was the installing officer.

Other officers who will assume their duties in September are Mrs. John J. Bryan, vice president; Mrs. James E. McGee, Jr., recording secretary; Mrs. R. S. Gatherum, Jr., treasurer; and Mrs. John H. Sproles, parliamentarian.

* * * *

MONONGALIA

Mrs. French R. Miller was installed as president of the Woman's Auxiliary to the Monongalia County Medical Society at the regular monthly meeting which was held at the Arthurdale Inn on May 7. Other new officers are as follows:

Mrs. Arthur W. Kelly, president elect; Mrs. Robert J. Fleming, vice president; and Mrs. Herbert E. Warden, secretary.

The new officers were installed by Mrs. Clark K. Sleeth, a past president of the State Auxiliary, and guests included Mrs. Andrew J. Weaver of Clarksburg, third vice president of the State Auxiliary, and Mrs. L. J. Pace of Princeton, wife of the President of the State Medical Association.

Mrs. Donald R. Fowler, president of the Auxiliary to the West Virginia Chapter of the Student American Medical Association, presented a report on the activities of that organization during the past year.—Mrs. Walter H. Moran, Jr., Corresponding Secretary.

* * * *

RALEIGH

Mrs. John J. Marra was installed as president of the Woman's Auxiliary to the Raleigh County Medical Society at the regular monthly meeting which was held at the Marra home in Beckley on May 21. She succeeds Mrs. Richard G. Starr.

Other new officers installed by Mrs. John E. McKenzie were as follows:

Mrs. Charles W. Merritt, president elect; Mrs. Warren D. Elliott, vice president; Mrs. Hugh S. Edwards, corresponding secretary; Mrs. George A. Miller, secretary; and Mrs. William D. McLean, treasurer.

* * * *

WOOD

The Woman's Auxiliary to the Parkersburg Academy of Medicine held its regular monthly meeting at the Hope Natural Gas Company building in Parkersburg on April 9.

Mrs. Shirley Westfall, home service representative for the utility, was the guest speaker. She was assisted with the various demonstrations by Mrs. Betty Bennett.

Hostesses for the luncheon were Mrs. Watson F. Rogers, chairman, and Mesdames George W. West and

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O. L. Quillen, both of St. Marys, Asel P. Hatfield of Harrisville, and Ira Connolly.

Mrs. Charles W. Thacker was installed as president of the Woman's Auxiliary to the Parkersburg Academy of Medicine at a luncheon meeting which was held at the Chancellor Hotel in Parkersburg on May 14.

Other officers installed by Mrs. Edward Shupala, a past president, were as follows: Mrs. Lyle D. Vincent, president elect; Mrs. Robert W. Howes, Jr., first vice president; Mrs. Donald R. Lantz, second vice president; Mrs. John C. Bryce, treasurer; Mrs. Charles B. Cobern, corresponding secretary; and Mrs. George E. McCarty, recording secretary.

Mrs. Lawrence R. Leeson, immediate past president, was presented with a gift by Mrs. George Gevas, a past president, in appreciation for her work during the past year. Mrs. R. D. Lattimer was hostess for the luncheon and she was assisted by Mesdames Ray H. Wharton, A. C. Woofter, B. O. Robinson and A. Morgan Dearman.—Mrs. Ira Connolly, Jr., Press and Publicity.

National Society for Crippled Children

The annual meeting of the National Society for Crippled Children and Adults will be held at the Palmer House in Chicago, November 22-25. Special sessions will be directed to professional persons in the rehabilitation field, officers and board members, Easter Seal executives and all others who serve crippled children and handicapped adults.

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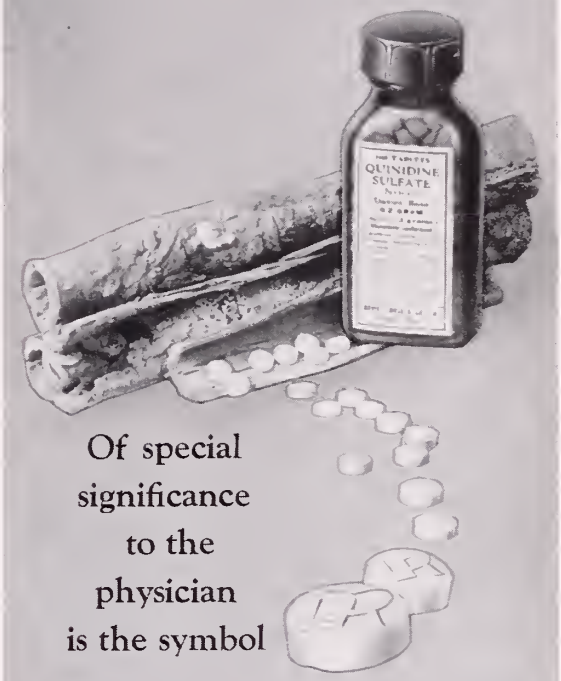

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Book Reviews

ATLAS OF CLINICAL ENDOCRINOLOGY—By H. Lisser, A. B., M. D., Clinical Professor Emeritus of Medicine and Endocrinology, University of California School of Medicine, San Francisco, California; and Roberto F. Escamilla, A. B., M. D., Clinical Professor of Medicine, University of California School of Medicine, San Francisco, Civilian Consultant and Chief of Endocrine Clinic, Letterman Army Hospital, San Francisco, California. Pp. 489, with numerous illustrations. The C. V. Mosby Company, 3207 Washington Boulevard, St. Louis 3, Mo. 1962, Second Edition. Price $23.00.

This book is so well written and illustrated that one can identify at a glance the most common endocrinopathies in a short time. Adequate reference is given to obtain the details of an individual syndrome. This book is highly recommended for every medical library and practicing physician's use.—A. B. Curry Ellison, M. D.

* * * *

PREVENTIVE PEDIATRICS—By Paul A. Harper, M. D., Professor of Maternal and Child Health, The Johns Hopkins University School of Hygiene and Public Health, and Associate Professor of Pediatrics, The Johns Hopkins University School of Medicine, Baltimore, Maryland. Pp. 798, with numerous illustrations. Appleton-Century-Crofts, 34 West 33rd Street, New York 1, N. Y. 1962.

Doctor Harper, a pediatrician turned professor of maternal and child health, has succeeded in writing a valuable and informative book. The entire text is very readable and contains a carefully selected bibliography. Each of the 12 chapters has been reviewed by one or more accepted authorities in the special field under discussion.

The first five chapters, "Growth and Behavior," "Growth and Development," "Developmental Physiology," "Nutrition," and "Immunization," should be especially instructive to medical students, interns, and pediatric residents.

In the middle chapters, certain common areas, such as vision, hearing, speech, mental retardation, and physical handicaps, are discussed and the public health programs designed to solve them are detailed. Physicians who are suddenly faced with pediatric community health problems, and who are unsure of their particular role, will find considerable aid in these pages.

The last three chapters are concerned primarily with public health services available for children. Physicians who have children under their care, who may be benefited by such programs, will obtain much useful information in this section.

The contents of the book are up-to-date and accurate. Where a controversy exists, the literature has been evaluated and references given on which the conclusion has been based. Then, too, many areas of child care which need further study are pointed out. This

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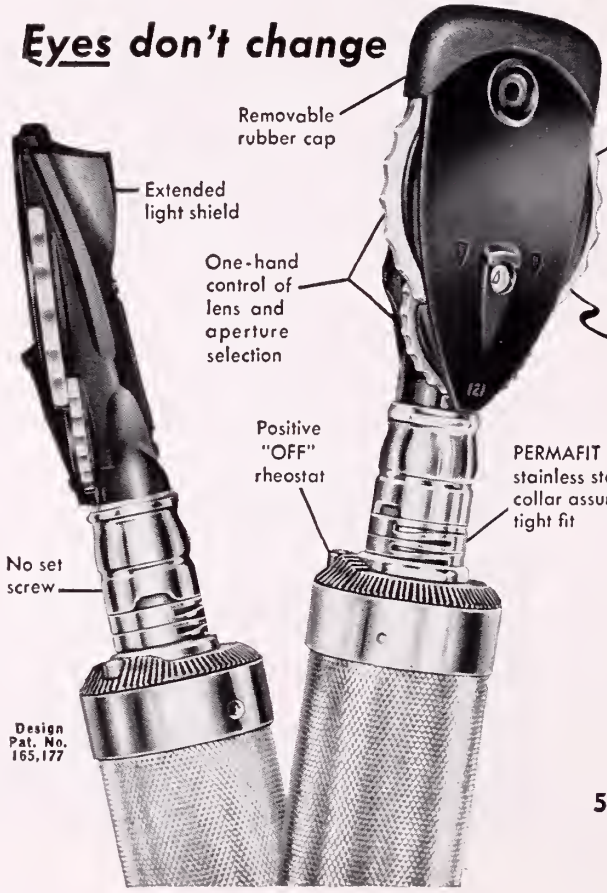

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analysis should greatly aid the ultimate solution of problems in these areas.

This book is particularly recommended for those people who are working in the field of public health and for all physicians who are interested in pediatric community health problems.—Warren D. Leslie, M. D.

MOVING INTO MANHOOD.—By W. W. Bauer, M. D. Director of Health Education, Emeritus, American Medical Association. Foreword by Morris Fishbein, M. D. Pp. 107. Doubleday and Company, 575 Madison Avenue, New York, New York. 1963. Price $2.95.

This book is well written in simple language which can be understood readily by the adolescent or his parents. The questions most often asked are completely answered in simple terms and the book is very worth-while reading for adolescents or parents of adolescents. It gives a full explanation for either boys or girls.

The latter chapters of the book deal with conception. The growth, fetus and delivery are portrayed in a very concise and simple manner and can be understood by either adolescents or parents. The book will help answer all the questions asked most often and furthermore corrects many misconceptions which still have wide prevalence.—Andrew J. Weaver, M. D.

Books Received

SURGERY OF THE CHEST—Edited by John H. Gibbon, Jr., M. D., Samuel D. Gross Professor of Surgery, and Chairman of the Department of Surgery, The Jefferson Medical College. Pp. 902, with numerous illustrations. W. B. Saunders Company: Philadelphia and London. 1962.

* * * *

CLINICAL BIOCHEMISTRY—By Abraham Cantarow, M. D., Professor of Biochemistry, Jefferson Medical College and Max Trumper, Ph. D. Pp. 776, with illustrations. Philadelphia and London: W. B. Saunders Company. Sixth Edition. 1962. Price $13.00.

* * * *

THE RISK TAKERS—By Hugh McLeave. Pp. 208. Holt, Rinehart and Winston, Inc. 383 Madison Avenue, New York 17, N. Y. 1963. Price $4.50.

* * * *

COUNSELING IN MEDICAL GENETICS—By Sheldon C. Reed, Ph. D., Director, Dight Institute for Human Genetics, The University of Minnesota. Pp. 278. W. B. Saunders Company: Philadelphia and London. 1963. Second Edition. Price $5.50.

* * * *

DIAGNOSIS AND MANAGEMENT OF PAIN SYNDROMES—By Bernard E. Finneson, M. D., Neurosurgeon, The Episcopal Hospital, Philadelphia. Pp. 261, with numerous illustrations. Philadelphia and London: W. B. Saunders Company. 1962. Price $8.50.

* * * *

INTESTINAL BIOPSY—Ciba Foundation Study Group No. 14. Edited by G. E. W. Wolstenholme, M. R. C. P., and Margaret P. Cameron, M. A. Pp. 120, with 53 illustrations. Little, Brown and Company, Boston, Massachusetts. 1962. Price $2.95.

* * * *

HANDBOOK OF PEDIATRICS—By Henry K. Silver, M. D., C. Henry Kempe, M. D., and Henry B. Bruyn, M. D. Pp. 602. Lange Medical Publications, Los Altos, California. 1963. Fifth Edition. Price $4.00.

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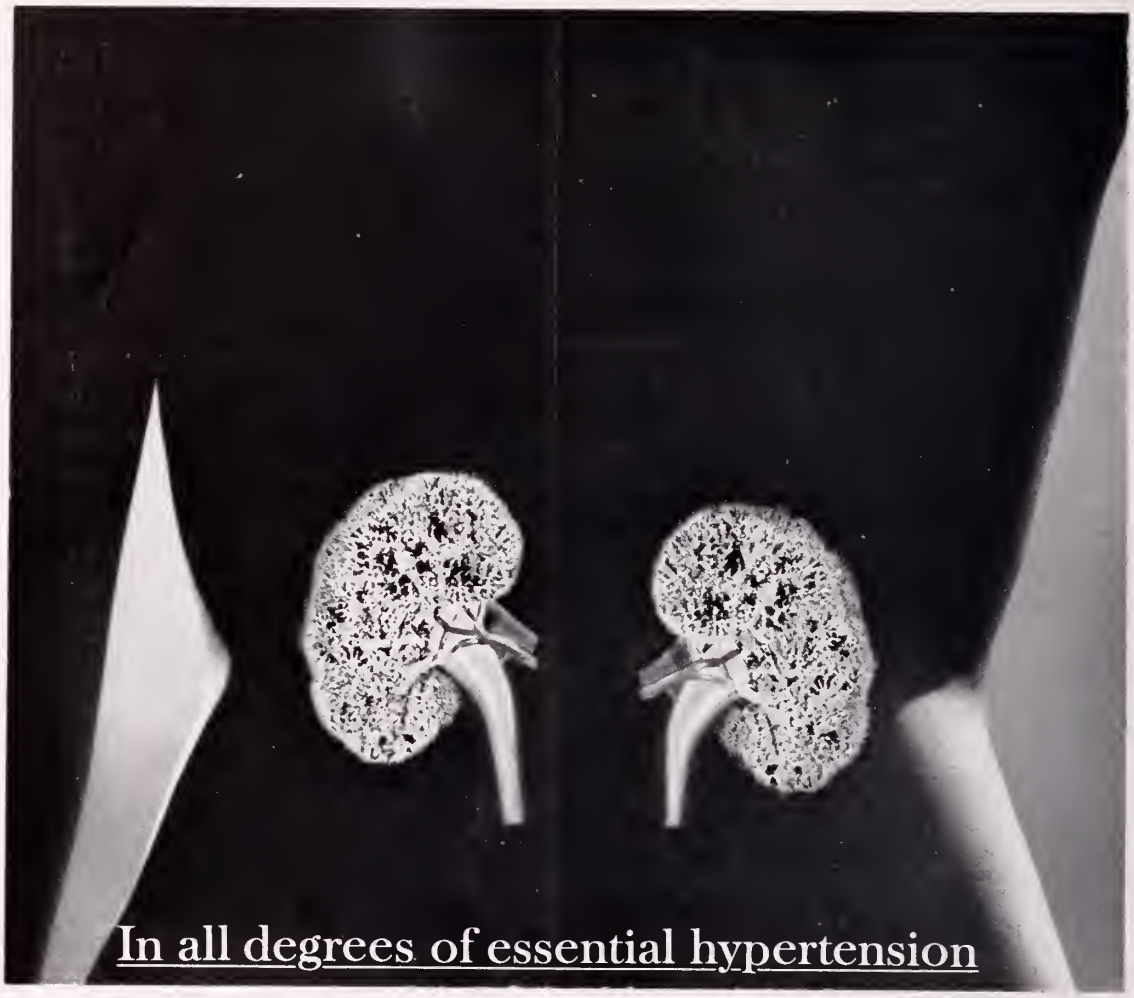

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Side effects and precautions: Rauwolfia preparations may cause reversible extrapyramidal symptoms and emotional depression. Caution indicated in use with depression, suicidal tendencies, peptic ulcer. Minor side effects: diarrhea, weight gain, nausea, drowsiness. Bendroflumethiazide may cause reversible hyperuricemia and/or gout, unmask latent diabetes, increase glycosuria in diabetics. Caution indicated in use for patients on digitalis, with severely damaged kidneys, renal insufficiency, increasing azotemia, cirrhosis. Contraindicated in complete renal shutdown. Minor side effects: leg or abdominal cramps, pruritis, paresthesias, mild rashes.

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References: (1) Moyer, J. H., and Heider, C.: Am. J. Cardiol. *9*:920 (June) 1962. (2) Brest, A. N., and Moyer, J. H.: Pennsylvania M. J. *63*:545 (Apr.) 1960. (3) Berry, R. L., and Bray, H. P.: J. Am. Geriatrics Soc. *10*:516 (June) 1962. (4) Hutchison, J. C.: Current Therap. Res. *4*:610 (Dec.) 1962. (5) Feldman, L. H.: North Carolina M. J.: *23*:248 (June) 1962.

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International Symposium sponsored by Ciba. Pp. 521, with 159 figures. 1962.

* * * *

TEXTBOOK OF PATHOLOGY: WITH CLINICAL APPLICATION—By Stanley L. Robbins, M. D., Professor of Pathology, Boston University School of Medicine; Associate Director of the Mallory Institute of Pathology, Boston; and Lecturer, Harvard Medical School and Tufts University School of Medicine. Pp. 1190, with illustrations. W. B. Saunders Company: Philadelphia and London. Second Edition. 1962. Price $19.00.

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CLINICAL METABOLISM OF BODY WATER AND ELECTROLYTES—By John H. Bland, M. D., Associate Professor of Clinical Medicine, and, Director, Rheumatism Research Unit, University of Vermont College of Medicine. Pp. 623, with illustrations. W. B. Saunders Company: Philadelphia and London. 1963. Price $16.50.

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MODERN CLINICAL PSYCHIATRY—By Arthur P. Noyes, M. D., Director, Psychiatric Education, Pennsylvania Dept. of Public Welfare; and Lawrence C. Colb, M. D., Professor & Chairman, Dept. of Psychiatry, College of Physicians & Surgeons, Columbia University. Pp. 586. W. B. Saunders Company: Philadelphia and London. 1963. Price $8.00.

* * * *

MEDICAL RESIDENT'S MANUAL—By Frank B. Flood, M. D., Resident in Medicine; Research Fellow of The New York Heart Association at The St. Vincent's Hospital of the City of New York; Richard J. Kennedy, M. D., Associate Director of Medicine, The St. Vincent's Hospital of the City of New York; and William J. Grace, M. D., Director of Medicine, The St. Vincent's Hospital of the City of New York; Professor of Clinical Medicine, New York University School of Medicine. Pp. 311. Appleton-Century-Crofts, 34 West 33rd Street, New York 1, N. Y. 1962. Price $4.95.

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The West Virginia Medical Journal

August, 1963 Vol. 59, No. 8

Medical Radioisotope Scanning

Willard J. Howland, M. D., Andrew K. Butler, M. D., Joseph L. Curry, M. D., and Charles T. Lenton, Jr., M. D.

The growth of medical science has been characterized by bursts of progress and periods of quiescence. High hopes followed by frequent disappointments is not unusual in nearly all efforts involving medical progress. This has been true of the medical applications of radioactive isotopes in the fields of diagnosis and treatment. A relatively new branch of medical science, medical radioisotope scanning was born in the immediate post-war years, approximately fifteen years ago. Today this branch of medicine is changing from adolescence into adulthood with justifiably high hopes as newer and more advanced methods are devised and developed.

Medical radioisotope scanning was first used in 1950.[1] With the recent development of the "superscanners" equipped with large detecting crystals and other refinements designed to facilitate detection and localization of tracer amounts of radioisotopes in many body organs, there has been rapidly increasing utilization of this technique. The diagnostic information obtained is commonly needed and, in many instances, is not available by other method.

Submitted to the Publication Committee, February 5, 1963.

The Authors

- Willard J. Howland, M. D., Andrew K. Butler, M. D., Joseph L. Curry, M. D., and Charles T. Lenton, Jr., M. D., Department of Radiology, Ohio Valley General Hospital, Wheeling, W. Va.

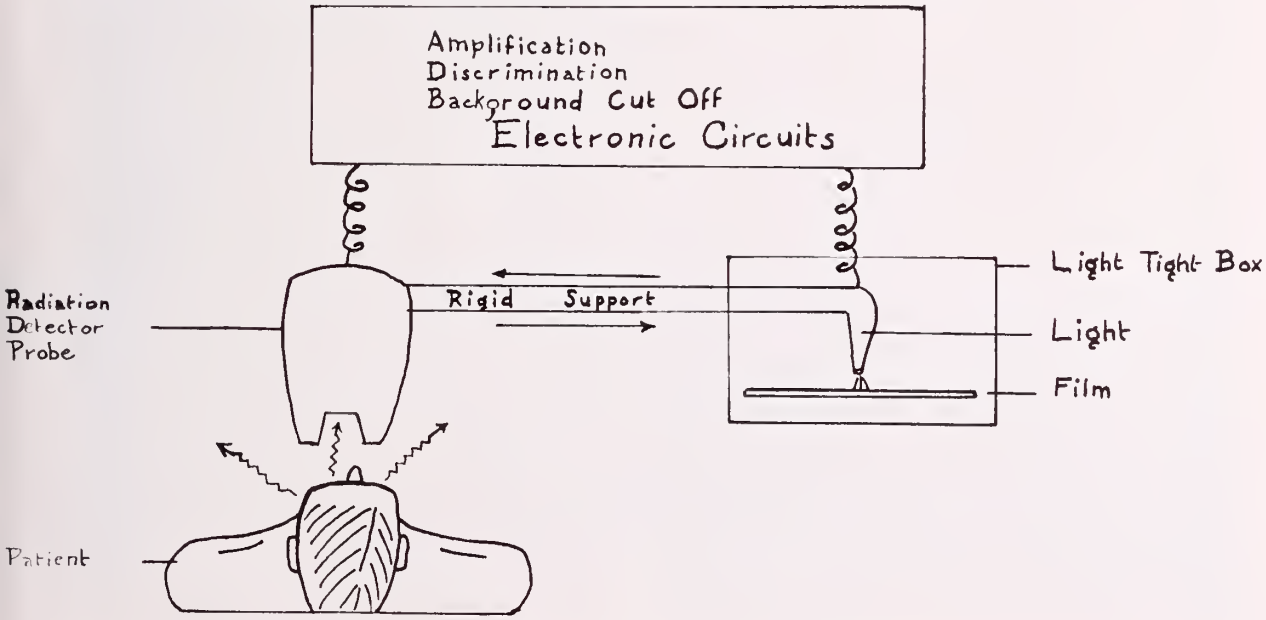

Figure 1. Diagrammatic Representation of Scintiscanner.

Figure 2

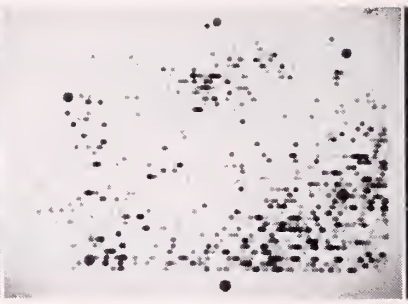

Figure 3

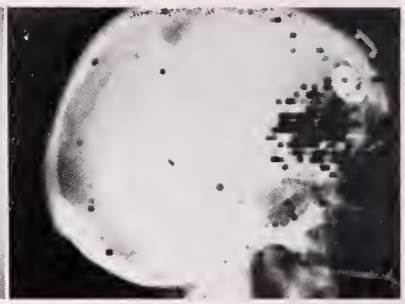

Figure 4

Figure 2. Normal Brain Scan. (Figure 3) Small symptomatic metastasis (from known carcinoma of lung) in left mid-parietal region. (Figure 4) Large recurrent astrocytoma of frontal region superimposed on radiograph of skull.

Cost of the equipment approximates that of a diagnostic radiographic unit. The techniques are not difficult and are well established. For most body organs the best scanograms are obtained by light flashes recorded on radiographic film (Figure 1). For superficially placed organs such as the thyroid, mechanical dot printing with the same apparatus is adequate.

The acquisition of a superscanner by the Ohio Valley General Hospital has greatly facilitated and augmented the hospital's use of radioactive isotopes. In the first six months of operation, 186 scanograms were performed in 174 cases. Detailed aspects of the various techniques are given in the references listed at the end of this article. Scanning of brain, thyroid, liver, kidneys, heart, great vessels and spleen is practical and informative. It is believed that patients and physicians in every large community hospital would benefit by having these facilities available.

Brain (Figures 2, 3, 4).—Radioactive mercury (Hg. 203) is given intravenously and a scanogram is made five hours later. Radioiodine serum albumin (RISA), when used for this purpose, has not given as accurate results in our hands and at the present time we have almost completely abandoned its use in brain scanning.

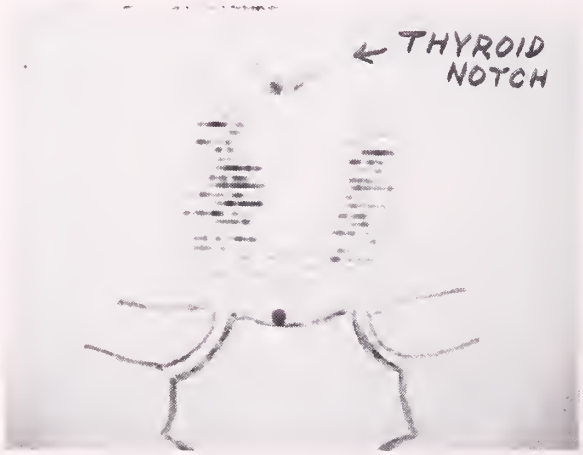

Figure 5. Normal thyroid scanogram.

The method may be the most sensitive for demonstration of brain neoplasm, both primary and secondary.[2] Figure 3 illustrates one example of definite tumor localization in spite of negative arteriographic findings. This occurred in three other instances. On the other hand, there is an occasional case in which there is a normal brain scan and positive arteriographic or pneumoencephalographic findings. In this initial series of 73 brain scans, there have been two false positives. In both instances, craniotomy revealed a large cerebral infarction.

Thyroid (Figures 5, 6, 7, 8).—The value of scintillation scanning in the management of palpable thyroid nodules has been reported by many observers. Nodules usually are classified as hyperfunctional or nonfunctional on the basis of a con-

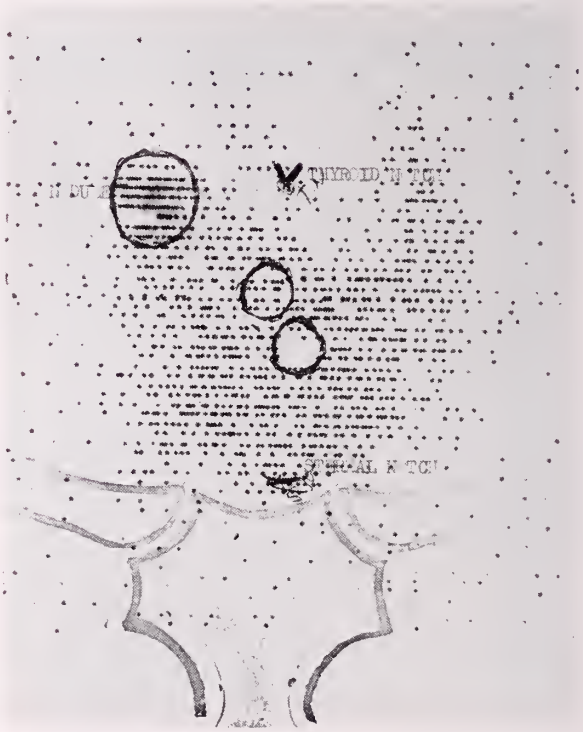

Figure 6. Scanogram by mechanical dot printing method showing three palpable nodules, one of which is hyperfunctional, one functional, and one nonfunctional. Subtotal thyroidectomy revealed diffuse adenomatous goiter.

centration of radioactive iodine in the nodule. Hyperfunctional nodules are almost never malignant, functional nodules occasionally are malignant and nonfunctional nodules are malignant in approximately 20 per cent of cases. Meadows[3] reported that of 24 solitary nonfunctional nodules, 14 were malignant. The close proximity of the thyroid gland to the surface of the body makes "photoscanning" unnecessary in many instances and the same apparatus with mechanical printing produces satisfactory scanograms (Figure 6). Definite identification, however, of substernal masses as thyroid tissue requires film recording (Figures 7, 8).

Liver (Figures 9, 10).—Tracer amounts of radioactive gold (Au 198) injected intravenously are promptly removed from the blood stream selectively by the reticuloendothelial cells of the liver because of particle size.[4] Primary and secondary neoplasms and cysts do not "take up" the gold and can be detected if larger than 3 cm. in diameter. This procedure has proved to be extremely useful in selection of site for needle biopsy of the liver.

Heart and Great Vessels (Figure 11).—I^{131} tagged serum albumin remains in the blood stream and allows accurate portrayal of the heart and great vessels, and thereby affords a greatly simplified method of diagnosis of pericardial effusion. Although some observers[5] have reported excellent results in the differential diagnosis of aneurysm versus neoplastic midline mass, we do not consider this method as accurate as intravenous angiocardiography nor do we consider it completely reliable.

Table 1

Scintiscanograms Performed in the First Six Months of Operation

Organ	*Number of Scans*
Brain	73
Thyroid	64
Liver	21
Heart & Great Vessels	15
Kidney	12
Spleen	1
TOTAL	186

Kidney.—Radioactive mercury (Hg. 203) is selectively retained and excreted by the kidneys. Renal tumors and cysts do not retain the radioactive mercury and are therefore readily detected. Satisfactory scanograms can be obtained when decreased renal function precludes satisfactory intravenous pyelography. Utilizing this apparatus the differential uptake of Hg. 203 at

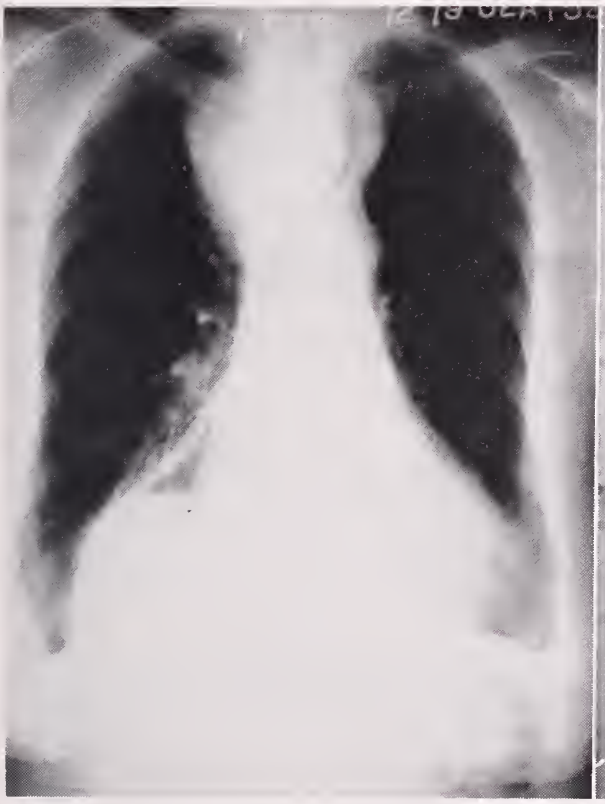

Figure 7

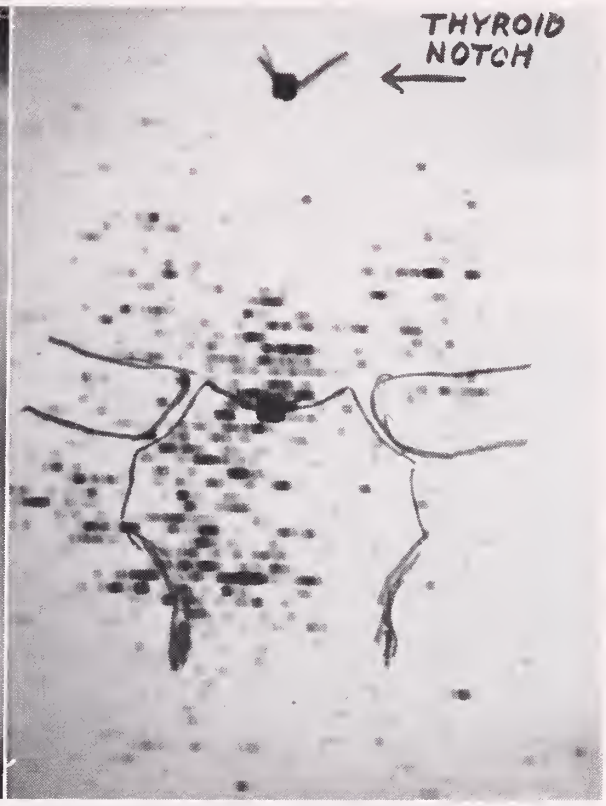

Figure 8

Figure 7. Chest x-ray showing large substernal mass producing displacement of trachea. There is also a large hiatus hernia. (Figure 8) Scanogram of same patient as Figure 7 showing substernal soft tissue mass to concentrate iodine in an irregular manner, confirming diagnosis of substernal goiter.

Figure 9

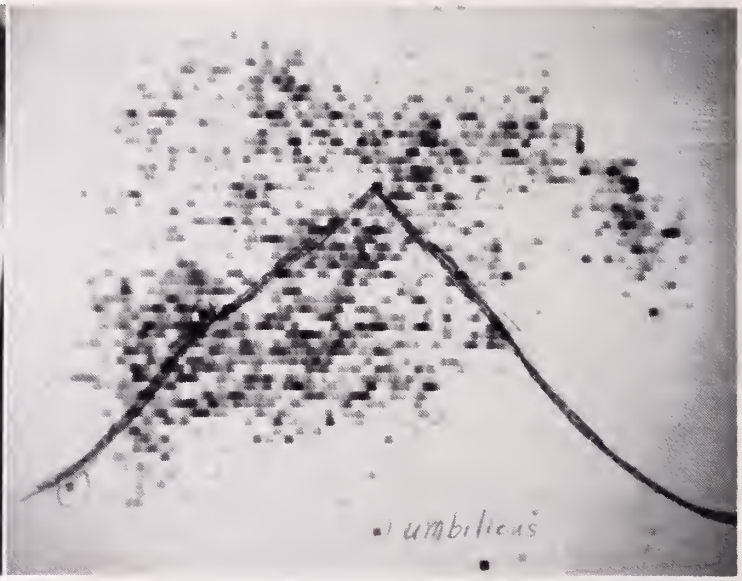

Figure 10

Figure 9. Normal liver scan superimposed on abdominal radiograph. There is barium in small intestine which is displaced to left by large, right, midabdominal mass. Laparotomy revealed mass to be a large mesenteric cyst. (Figure 10) Scanogram of liver illustrating multiple nonisotope-containing areas. Needle biopsy proved this to be metastatic carcinoma of lung.

one hour is reported[6] to be the most accurate screening technique for detecting unilateral renal disease with associated decreased blood flow producing hypertension.

Spleen.—The spleen will trap heated red blood cells tagged with radioactive chromium.[7] Although satisfactory scanograms can be obtained, the procedure has not as yet had significant clinical value in our experience.

Other Body Organs.—Other workers[8, 9] report preliminary success in localization of neoplastic disease in the pancreas and in the skeletal system.

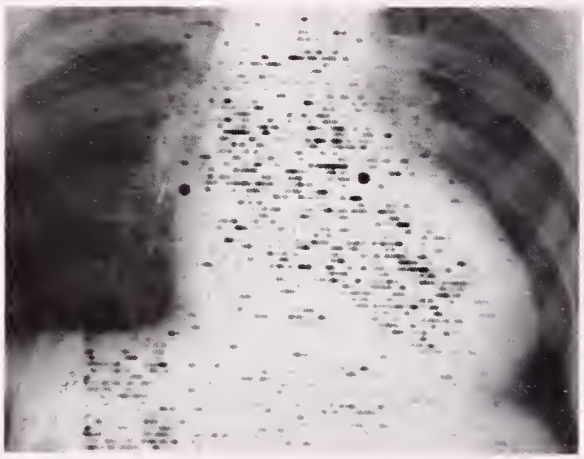

Figure 11. Heart scanogram made 15 minutes after intravenous injection of tracer amount of I^{131} tagged serum albumin superimposed on a chest roentgenogram. This shows vascular pool of heart to be rather small and is diagnostic of pericardial effusion. Pericardial tap yielded approximately 100 cc. of serosanguinous fluid.

Placental localization in patients with placenta previa also is reported.

Summary

Medical radioisotope scanning is a new diagnostic method which offers advantages in the diagnosis of certain disease processes. It is accomplished with very little discomfort to the patient and there is no associated morbidity, in contrast to other diagnostic procedures which it replaces or complements. The information produced has been reliable and reproducible and, in some instances, cannot be obtained by other diagnostic methods.

Medical radioisotope scanning has been found to be of particular value in the diagnosis of neoplasm of the brain, thyroid, kidneys and liver.

Acknowledgment

Special credit for technical assistance should be given Mr. Byron McElroy, R. T., Isotope Technician, and Mr. Philip Wheeler, R. T., Chief Technician, both of Ohio Valley General Hospital.

References

1. Cassen, B., Curtis, L. & Reed, C. W.: A Sensitive Directional Gamma Ray Detector, Nucleonics 6:78, 1950.
2. Blau, M. & Bender, M. A.: Radio-Mercury (Hg. 203) Labeled Neohydrin: A New Agent for Brain Tumor Localization, J. Nuclear Med. 3:83, 1962.
3. Meadows, P. M.: Scintillation Scanning in the Management of the Clinically Single Thyroid Nodule, J.A.M.A. 177:229-234, 1961.

4. Bonte, F. J., Krohmer, J. S., Elmendorf, E., Presley, N. L. & Andrews, G. J.: Scintillation Scanning of the Liver. Eleven Clinical Applications, Am. J. Roentgenol., Rad. Therap. & Nuclear Med. 88:275-288, 1962.
5. Bonte, F. J., Krohmer, J. S., Tseng, C. H. & Baldwin, C. L.: Scintillation Scanning in Differential Diagnosis, J.A.M.A. 175:221-224, 1961.
6. Haynie, T. P., Stewart, B. H., Nofal, M. M., Carr, E. A. & Beierwalters, W. H.: Renal Scintiscans in the Diagnosis of Renal Vascular Disease, J. Nuclear Med. 2:272-281, 1961.
7. Johnson, P. M., Wood, E. H. & Mooring, S. L.: Splenic Scintillation Scanning, Am. J. Roentgenol., Rad. Therap. & Nuclear Med. 86:757-767, 1961.
8. Greenlaw, R. H., Strain, W. H., Callear, T. E., Dubilier, L. D. & Strain, S. C.: Experimental Studies for Scintillation Scanning of the Pancreas, J. Nuclear Med 3:47-50, 1962.
9. Corey, K. R., Kenny, P., Greenberg, E. & Laughlin, J. S.: Detection of Bone Metastases in Scanning Studies With Calcium-47 and Strontium-85, J. Nuclear Med. 3:454-471, 1962.

Boxing—A Social Safety Valve

PROFESSIONAL boxing is once again under attack as a brutal sport in which lives have been lost. There can be no defense of this regrettable fact, but professional boxing and body contact sports or contests have existed since the beginning of man's history, and I believe they have served society in a manner that is not readily discernible. Despite all our efforts to make traveling in automobiles safer, the death toll on the highway continues, but the usefulness of the automobile is so obvious no one advocates its abolition. Vigorous control of its use is endorsed. Boxing, too, may be more useful than we realize.

Every man has some degree of hostility generated by frustration as well as other experiences in his current and past life. This hosility will seek expression in one way or another and to provide young men in their late teens and early adult life a means of expressing their hostility in controlled combat, such as boxing, serves a very useful purpose not only for those who participate but the spectators as well, because they vicariously discharge their hostility. It is my firm belief that if boxing is not legally permitted, and should the number of participants and spectators be reduced, additional manifestations of hostility on our city streets by rowdyism, vandalism, mugging, and other aggressive acts will markedly increase.

It is regrettable that severe injuries and deaths have occurred and will continue to occur in boxing, but casualties will occur in all body contact sports. However, few would eliminate baseball, basketball, football, soccer, hockey, and other sports contests.

There is no doubt that greater control of boxing should be exercised. Some supervision over training and conditioning should be exercised and frequent checks of physical condition of a prescribed thoroughness be made. Often young boxers become addicted to narcotic drugs, and it would be well to provide tests for the presence of narcotics in the boxer before entering the ring and during his training period. This is done at race tracks and could be done in our "blood pits." In addition to frequent checks on the physical condition of the participants, there should be rigid control of the managers with certification of trainers and handlers. These persons are often parasites on the boxers.

Every contract made between a boxer and his manager should be reviewed and its provisions approved and then supervised by the Boxing Commission so that the fighter is assured of a substantial share of the proceeds. In order to provide the boxer with some income in later life, I feel that provision should be made that a portion of each of his purses be deposited in a pension plan for the self-employed such as is possible under the Jenkins-Keogh Bill.

I sincerely hope that the physicians of Pennsylvania will give consideration to the psychological and sociological aspects of boxing and not join in the "witch hunt" now going on. Boxing is a safety valve which should not be discarded, or our city streets will be more dangerous after dusk than they are at this time.—Samuel B. Hadden, M. D., in the Pennsylvania Medical Journal.

Vagal Body Tumor (Chemodectoma)*

James E. Boggs, M. D., and James P. Eaton, M. D.

A mass presenting in the lateral aspect of the neck offers many possibilities with regard to the differential diagnosis because of the structures and the various types of tissue to be found in that particular area. Rather thorough knowledge, therefore, of the uncommon neck lesions as well as knowledge of those of the more common primary and secondary types is essential if clinical interpretation is to be correct in a reasonably large percentage of cases.

Recent experience together with the diagnostic problem encountered in the case of a patient with a tumor in the vicinity of the right parotid gland is reported in this paper. The patient underwent three surgical operations before the origin of the tumor was apparent. Microscopic examination disclosed that the tumor was a chemodectoma or nonchromaffin paraganglioma of the vagal body.

Twenty verified cases of vagal body tumor (chemodectoma) are reported in the literature. The tumor's rarity and, in the case of our patient, the diagnostic problem involved, seem to us sufficient justification for reporting our case and incidentally adding one more to the number of case reports already published.

Structure of Vagal Body

The vagal body consists of nests of chemoreceptor cells within the perineurium of the vagus nerve, just below the ganglion nodosum. Chemoreceptor cells may be found also in the ganglion nodosum, the aortic bodies, the carotid body, the glomera along the cervical portion of the vagus nerve, and in the glomus jugularis complex. Any tumor composed predominantly of chemoreceptor cells is termed "chemodectoma." "Vagal body tumor" is the designation given by Birrell to a chemodectoma that originates from chemoreceptor tissue of the vagal body. Since chemodectoma is not distinguishable histologically, it is designated according to its site of origin. The word itself has three synonyms, namely, receptoma, carotid body-like tumor and nonchromaffin paraganglioma.

*From the Department of Surgery, Memorial Hospital, Charleston, W. Va.

Submitted to the Publication Committee, October 6, 1962.

The Authors

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- **James P. Eaton, M. D., formerly Chief Resident in Surgery, Memorial Hospital, Charleston, W. Va.; now serving as Staff Physician, VA Hospital, Temple, Texas.**

Physiology of Chemoreceptor Cells

It has been shown that the carotid body and the aortic bodies are sensitive to changes in oxygen tension and in carbon dioxide tension, also to elevated blood temperature and blood pH. Although it seems logical to assume that clusters of cells of morphologic similarity located in the above mentioned areas may have also an identical function, there is as yet no evidence to substantiate the assumption. The chemoreceptor system elaborates no endocrine substance as compared with the effector system, i. e., the adrenal medulla and the paraganglionic tissue associated with visceral sympathetic ganglia.

Coldwaters reported two cases of vagal body tumor in which there were symptoms suggestive of chemoreceptor activity and vagal dysfunction, the patients complaining of "blacking out" spells following exertion, with its concomitant hyperventilation, also of postprandial epigastric pain, sweating, vomiting, dizziness and palpitation. In one of the cases, the blacking out spells, hypotension and unusual carotid sinus sensitivity were relieved by operation. Huppler reported similar symptoms in a case of chemodectoma of the glomus jugularis. Thus, although it may be that the changes in heart rate, respiration and vascular tension are related to the chemoreceptor activity of the tumor, the possibility remains to be proven.

Case Report

The patient, a 52-year-old white female, first was seen in March, 1961, in the Tumor Clinic of Charleston Memorial Hospital.

There was a history of a mass of the right side of the neck between the angle of the mandible and the sternomastoid muscle which had increased in size progressively since first noticed.

The patient's only complaint otherwise was a "twitching" pain around the mass. She was admitted for biopsy of the lesion.

Systems review was normal except for a history of chest pain suggestive of angina. B. P. 180/100. EKG showed an old posterior myocardial infarction.

On examination of the neck there was a poorly defined, firm, slightly movable 3 cm. mass in the region of the right parotid gland although apparently slightly more posteriorly situated than the usual parotid tumor. There was slight upward displacement of the pinna of the ear, however, suggestive of parotid gland origin.

Nasopharyngoscopy and laryngoscopy were negative for a primary tumor. X-ray of the sinuses was normal except for some thickening of the mucous membrane of the ethmoid cells.

The tentative diagnosis was branchiogenic cyst, or parotid tumor, with the additional thought that the mass, because of its posterior location, could represent a lymphoma.

In view of the hypertensive cardiovascular disease in this case, the operation was performed under local anesthesia. An incisional biopsy specimen was removed from what appeared to be a poorly defined mass.

The pathologic diagnosis was, "Fatty, fibrous tissue showing the presence of lymphoid tissue without any significant change."

Approximately six weeks after discharge from the hospital, the patient was readmitted for more definitive surgery. She had lost 27 pounds in weight, the pain suggestive of coronary insufficiency had disappeared, and there was only slight tenderness by way of any change in the neck lesion.

Operation.—Right subtotal parotidectomy was performed under general endotracheal anesthesia. There appeared to be a tumor mass in the inferior portion (tail) of the parotid gland. The area was firm and indurated, suggestive of chronic parotiditis.

Following excision of the lower pole of the parotid gland, some fullness persisted in this area. The carotid sheath was then explored but no tumor was found. At the time, the fullness was attributed to prominence of the cervical muscles of the floor of the posterior triangle.

Pathology.—Microscopically, the specimen showed portions of fatty, fibrous connective tissue and striated muscle from the parotid area, with scarring and foreign body granulomatous inflammation. The pathologist suggested that an old, chronic parotiditis could be responsible for this.

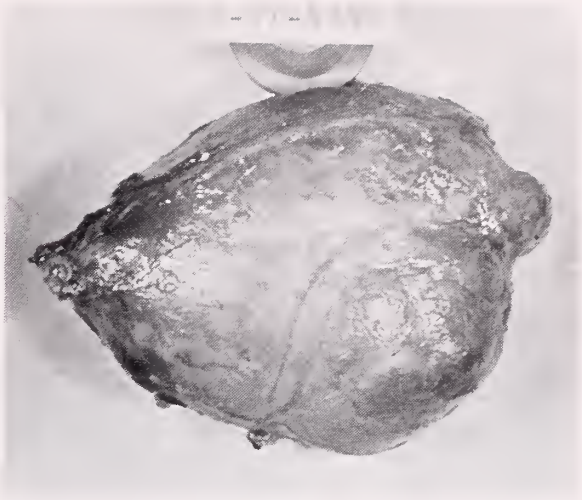

Figure 1

Approximately five months after subtotal parotidectomy, the patient again was seen in the Tumor Clinic. She complained of pain in the area of the right parotid gland, with radiation of the pain to the temporal area.

Examination disclosed that swelling persisted in the right parotid region along with the upward displacement of the pinna of the ear.

Meanwhile, one of the authors (J.E.B.) had read the recently published article, "Unusual Diagnostic Problems in the Neck," by Beahrs and Devine of the Mayo Clinic, which dealt with certain cases in which there had been multiple surgical procedures before the true nature of the tumor was apparent. As a result, our patient again was admitted to the Hospital for wide surgical exploration of the right side of the neck, with the thought that possibly the tumor was located deep in the upper cervical region with displacement of the parotid gland and, in any event, with the intention of determining the exact etiology of the mass.

Operation.—Under endotracheal anesthesia, wide exploration of the area between the angle of the mandible and the sternomastoid muscle revealed a large, firm tumor posterior to the internal jugular vein and internal carotid artery. The right vagus nerve emerged from the lower pole of the tumor whose proximal end extended to the jugular foramen of the skull. In order to dissect out its distal end, division of the right vagus nerve was necessary. Then, with the internal carotid artery and internal jugular vein retracted anteriorly, the proximal attachments of the tumor were freed by sharp dissection.

Pathology.—Grossly, the specimen was described as follows:

"The specimen consists of a well circumscribed tumor which measures 6 x 5 x 4 cm. The external surface is pinkish-tan and smooth in appearance, with a well defined capsule (Figure 1).

"Microscopically, the tumor represents a nonchromaffin paraganglioma (chemodectoma) of the nodose ganglion of the vagus nerve" (Figure 2).

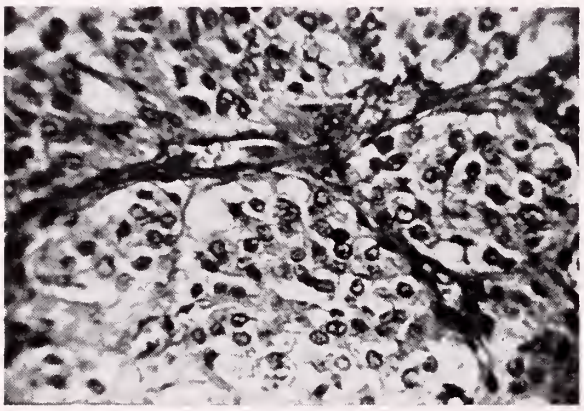

Figure 2

Except for hoarseness resulting from transection of the right vagus nerve, the patient's postoperative course was uneventful. Paralysis of the right vocal cord was confirmed on laryngoscopy.

Comment

On comparison with those in the cases reported in the literature, the chemodectoma in our case proved to be one of the largest on record. In one of the cases reported, there was intracranial extension of the tumor, the patient expiring 32 months after surgery. Death was attributed to intracranial and basilar extracranial extension, with involvement of the 6th to the 12th cranial nerves and compression of the brain stem.

In our case careful followup to detect any intracranial extension of the tumor is distinctly indicated inasmuch as there was some disruption of the capsule at the superior pole near the jugular foramen.

Of 9 cervical lymph nodes removed in the second case of Coldwaters and Dirks, five were positive for metastasis. In our case, several lymph nodes were removed during the operation but none was positive for metastasis. In 3 of the 20 certified cases reported, the patients died from extension of the chemodectoma.

It has been suggested that in some instances the vagal body chemodectoma tends more to malignant change than does that of the carotid body or the glomus jugularis.

As previously stated, in surgery of the neck, rather comprehensive knowledge with regard to the uncommon as well as the more common types of tumor that may occur in that area is vitally essential. Otherwise, as illustrated in the present case report, the patient may be subjected to multiple surgical procedures before the true origin of the tumor is apparent.

During the course of the third operation in our case, we were not aware that the mass represented a vagal body tumor or chemodectoma. A review of the literature disclosed, however, that chemodectoma of the vagal body has a characteristic appearance angiographically. King, in 1955, in dealing with a case of vagal body tumor, used an angiogram and demonstrated the characteristic features, which consist of anterior displacement of the internal carotid artery without widening of the bifurcation of the carotid arteries and (on a film made shortly thereafter) marked vascularity of the tumor.

Summary

A case of chemodectoma (vagal body tumor) in which the treatment was surgical is reported, bringing to 21 the total number of verified cases on record.

In the majority of reported cases, the condition discovered most consistently was a mass in the upper cervical region behind the angle of the mandible. In 11 of the 20 cases reported in the literature, there was displacement of the peritonsillar structures.

On surgical intervention, the tumor will be found posterior to the carotid sheath, replacing the ganglion nodosum and lying just beneath the jugular foramen in continuity with the vagus nerve.

Early diagnosis and surgical treatment of the vagal body tumor are called for in order to forestall intracranial extension through the jugular foramen, with subsequent compression of the brain stem as in the case reported by Lattes.

References

1. Birrell, J. H. W.: Vagal Body and Its Tumors, Australian & New Zealand J. Surg. 23:48-54, 1953.
2. Coldwaters, K. B. & Dirks, K. R.: Chemodectoma of the Glomus Intravagale. Report of Two Cases, One With Regional Lymph Node Metastases, Surgery 40:1069, 1956.
3. Devine, K. D. & Beahrs, O. H.: Diagnostic Problems in Surgery of the Head and Neck, S. Clin. North America 41:1047-1059 (Aug.) 1961.

4. Lederer, F. L., Skolnik, E. M., Soboroff, B. J. & Fornatto, E. J.: Nonchromaffin Paraganglioma of the Head and Neck, Ann. Otol., Rhin. & Laryng. 67:305-331, 1958.
5. Morphit, M. H., Swan, H. & Taylor, E. R.: Carotid Body Tumors. Report of 12 Cases, Including One Case With Proved Visceral Dissemination, A.M.A. Arch. Surg. 67:194, 1953.
6. Pettet, J. R., Woolner, L. B. & Judd, E. S.: Carotid Body Tumors (Chemodectomas), Ann. Surg. 137:465-479, 1953.
7. Lattes, R.: Nonchromaffin Paraganglioma of Ganglion Nodosum, Carotid Body and Aortic Arch Bodies, Cancer 3:667-694, 1950.
8. Lahey, F. H. & Warren, K. W.: Long Term Appraisal of Carotid Body Tumors With Remarks on Their Removal, Surg., Gynec. & Obst. 92:481, 1951.
9. Kinney, C. E. & Thomas, O. J.: Glomus Jugularis Tumors, Ann. Otol., Rhin. & Laryng. 70:55-61, 1960.
10. Sheldon, O. B.: Vagal Body Tumor, Ann. Surg. 141:488-497, 1955.
11. Block, M. A., Dockerty, M. B. & Waugh, J. N.; Nonchromaffin Paraganglioma, Cancer 8:97-100, 1955.
12. Harrison, E. G., Jr., Soule, E. H. & Judd, E. S.: Chemodectoma of the Glomus Intravagale, Cancer 10:1226-1234, 1957.
13. Perez, P. E., Harrison, E. G., Jr. & Re Mine, W. H.: New England J. Med. 263:1116, 1960.
14. Byrne, J. J.: Carotid Body and Allied Tumors, Am. J. Surg. 95:371, 1958.
15. King, A. B.: Successful Removal of Nonchromaffin Paraganglioma of Vagus Nerve, Am. Surgeon 21:170-176, 1955.

To Physicians in Training

To all physicians in training and especially West Virginia residents: West Virginia is in need of physicians in all categories for rural and urban practice. Any physician desiring information concerning openings in the State can communicate with *The Journal*. *The Journal* will publish free for 6 issues pertinent information concerning any qualified physician who is seeking a location in West Virginia. Single copies of *The Journal* listing practice opportunities will be mailed to physicians upon request.

A roster containing a list of officers of county societies and specialty sections of the West Virginia State Medical Association is available upon request to the headquarters offices. Also, information pertaining to West Virginia licensing laws will be mailed to interested physicians. Interested parties may then write the officers of component societies or sections for further information.

Any other information about West Virginia will be secured from outside sources, if possible, and sent upon request. All letters to *The Journal* will receive individual and immediate attention.

Parenteral Corticosteroids in the Management Of Acute Brain Stem Injuries

J. Speed Rogers, M. D., and Frank M. Hudson, M. D.

GRENELL and Mendelson,[3] in 1954, found that hydrocortisone gave maximal protection against cerebral swelling and breakdown of the blood-brain barrier (BBB) in experimental cerebral edema in rabbits. Results using cortisone acetate and adrenocorticotropin were much less impressive. These findings seem to have been frequently overlooked in subsequent clinical reports. Either cortisone was used in preference to hydrocortisone,[2, 5, 6, 10, 11, 13] or steroids were not used at all.[9] It should be added that the efficacy experimentally, of whole adrenal cortical extract has been well documented.[2, 3, 7] Recently, large doses of methylprednisolone sodium succinate have been shown to prevent cerebral edema in dogs.[1]

Because of these data we have made extensive use of hydrocortisone and, more recently, methylprednisolone in clinical states in which cerebral edema and breakdown of the BBB are important features. This, of course, covers practically the entire field of central nervous system surgery including tumor, vascular accident and trauma. The present report, however, is limited to patients with "primary brain stem injuries," excluding those secondary to epidural or subdural hemorrhage and to diffuse anoxia.

Materials and Methods

It is postulated that in the 20 cases comprising this series the patient had suffered "dynamic axial brain stem distortion,"[12] secondary to a severe rise in intracranial pressure at the moment of injury,[4] or from shearing injury of the brain stem secondary to movement of the brain in relation to the skull. The consequent primary brain stem injury resulted in decerebrate or decorticate posturing, usually for days or weeks. In 5 cases there was an 18 to 36 hour delay in onset of decerebration after injury.

As may be seen in the tables, the series falls into a pediatric group under the age of 13 comprising 11 cases (Table 1), and an adolescent and adult group comprising 9 cases, the patients ranging in age from 15 to 56 years (Table 2).

In 9 cases, the patients were given parenteral hydrocortisone sodium succinate and, in 11 cases, methylprednisolone sodium succinate. Routes of administration were intravenous or intramuscular and detials of dosage are set forth in the tables. Tracheostomy was done without hesitation to combat respiratory obstruction or excessive secretions. Hypertonic urea was employed in 3 cases in which edema of the hemispheres was felt to be extreme. Hyperthermia (to as high as 106.6 F.) was vigorously treated by external cooling in an effort to keep body temperature near normal.

Submitted to the Publication Committee, November 29, 1962.

The Authors

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- **Frank M. Hudson, M. D., Department of Neurosurgery, The Wheeling Clinic, Wheeling, W. Va.**

Results

Robertson and Pollard,[9] in a similar series of cases, found that the prognosis of brain stem injury in children was vastly different from that in adults. Six of their 13 children and adolescents and none of the 13 adults, became relatively normal neurologically. Our results confirm this tendency dramatically. Of the 11 children, only one died (Case 5, Table 1). This severely injured child lived two and a half days, having abruptly become ashen at the end of two days, with a rapid, thready pulse but with little respiratory disturbance. Her demise suggested a "shocky" or septicemic death. There was little change in neurologic status or respiratory function.

At autopsy, colonies of streptococci were found in the brain. The child had not been "covered" by antibiotics despite large doses of steroids, and we wonder if antibiotics might have prevented this death. Ten of the eleven children are alive, of which number, five are apparently completely normal, three are nearly normal, and two have significant residuals. None of the children has turned out as a vegetative individual.

Of the 9 adolescent and adult cases, 2 patients have regained a normal state. One of these (Case 6, Table 2) had a relatively minor injury with decerebrate activity for only one or two

days. The other (Case 3) received only a single dose of hydrocortisone along with three infusions of urea and a small subtemporal decompression. He was decerebrate for five days and had marked brain swelling. Of the 4 cases in which death occurred, there were 2 (Cases 8 and 9) in which massive brain edema was present and these patients would have died within twelve hours of admission if artificial respiration had not been used.

Of the remaining 3 cases, the patient in one is vegetative after seven months, while the other two are disabled but coherent and ambulatory.

One of the most consistent observations in the entire series was the ready control of hyperthermia. The highest degree of temperature re-

TABLE 1

PERTINENT DATA ON ELEVEN CHILDREN WITH ACUTE BRAIN STEM INJURIES

No.	Age (yrs.)	Duration of Posturing	Steroid Therapy	OUTCOME: Normal	Improving	Slight Improve.	Unchanged	Dead
1	4 (RA)	5 days	50 mg. HC* i.v.; 25 mg. i.m. q8h to total of 453 mg.	X				
2	6 (JR)	30 days	20 mg. MP** i.v.; 20 mg. i.m. q4h to total 475 mg.		X			
3	7 (AD)	5 days	25 mg. HC* i.m.; q6h to total of 625 mg.	X				
4	7 (RM)	10 days	50 mg. HC* i.v.; 25 mg. i.m. q4h to total of 612½ mg.		X			
5	7 (MW)	2.5 days	20 mg. MP** i.m. Stat. and q6h to total of 160 mg.					2.5 days; strep. septicemia
6	8 (LiC)	2 days	20 mg. MP** i.m.; q4h to total of 280 mg.	X				
7	8 (AR)	14 days	20 mg. MP** i.v.; 10 mg. i.m. q6h to total of 220 mg.		X			
8	9 (WD)	14 days	50 mg. HC* i.m.; Stat. and q6h to total of 3,475 mg.	X				
9	11 (LaC)	2½ days	40 mg. MP** i.m. Stat. and 20 mg. q6h to total of 300 mg.	X				
10	11 (JD)	3 days	40 mg. MP** i.v. Stat. and 10 mg. q6h to total of 220 mg.	X				
11	12 (VJ)	3 days	40 mg. MP i.v. Stat. and 20 mg. q8h to total of 440 mg.	X				

*HC = Hydrocortisone sodium succinate.
**MP = Methylprednisolone sodium succinate.

TABLE 2

PERTINENT DATA ON NINE ADULTS WITH ACUTE BRAIN STEM INJURIES

No.	Age (yrs.)	Duration of Posturing	Steroid Therapy	OUTCOME: Normal	Improving	Slight Improve.	Unchanged	Dead
1	15 (T.G.)	21 days	100 mg. HC* Stat. 50 mg. q6h to total of 2,200 mg.		X			
2	17 (G.G.)	Continues (9 months)	40 mg. MP** Stat. 20 mg. q4h to total 640 mg. MP				X	
3	19 (R.F.)	3 days	250 mg. HC* i.v.; (also urea)	X				
4	22 (M.P.)	10 days	200 mg. HC* Stat. 50 mg. q4h to total of 1400 mg.					10th day, massive aspiration gastric contents
5	22 (J.H.)	14 days	40 mg. MP** i.v.; Stat. 20 mg. i.m. q6h to 845 mg.		X			
6	34 (H.M.)	1½ days	20 mg. MP** i.m. q6h to total of 300 mg.	X				
7	40 (A.S.)	3 days	40 mg. MP** i.v. and 20 mg. i.m. q6h to total of 480 mg.					7 days
8	41 (J.C.)	3 days	250 mg. HC* i.v.; to total 500 mg.					3 days
9	56 (G.B.)	½ day	100 mg. HC* i.v.; 50 mg. i.m. q6h to total 350 mg.					1 day

*HC = Hydrocortisone sodium succinate.
**MP = Methylprednisolone sodium succinate.

corded on the chart invariably was the temperature on admission or that within 24 hours after steroid therapy was begun. It is our impression that hyperthermia is much more difficult to control without this adjuvant.

Comment and Summary

A series of 20 cases of primary brain stem injury is presented. Eleven of the patients were children under the age of 13, and 9 were adolescents and adults. All were treated either with hydrocortisone or methylprednisolone, intravenously or intramuscularly, in addition to general supportive measures.

The only complication of steroid therapy in the series was the possible masking of septicemia in a case in which no antibiotic "coverage" was provided.

Confirming reports by other observers, it was found in our series of cases that the prognosis of primary brain stem injury is distinctly more favorable in children than it is in adults.

It is our impression that these steroids are useful in combating the hyperthermia and in controlling the neurologic insult in cases of primary brain stem injury.

References

1. Blinderman, E. E., Graf, C. J. & Fitzpatrick, T.: Basic Studies in Cerebral Edema: Its Control by Corticosteroid (Solu-Medrol), J. Neurosurg. 19:319-324, 1962.
2. Grenell, R. G. & McCawley, E. L.: Central Nervous System Resistance. III. The Effect of Adrenal Cortical Substances on the Central Nervous System, J Neurosurg. 4:508-518, 1947.
3. Grenell, R. G. & Mendelson, J.: Adrenal Steroids and Cerebrovascular Permeability: Preliminary Note, Bull. Univ. Maryland School Med. 39:55-58, 1954.
4. Gurdjian, E. S. & Lissner, H. R.: Photoelastic Confirmation of the Presence of Shear Strains at the Craniospinal Junction in Closed Head Injury, J. Neurosurg. 18:58-60, 1961.
5. Ingraham, F. D., Matson, D. D. & McLaurin, R. L.: Cortisone and ACTH as an Adjunct to the Surgery of Craniopharyngiomas, New England J. Med. 246:568-571, 1952.
6. Lippert, R. G., Svien, H. J., Grindlay, J. M., Goldstein, N. P. & Gastineau, C. F.: The Effect of Cortisone on Experimental Cerebral Edema, J. Neurosurg. 17:583-589, 1960.
7. Prados, M., Strowger, B. & Feindel, W.: Studies on Cerebral Edema. II. Reaction of the Brain to Exposure to Air; Physiologic Changes, Arch. Neurol. & Psychiat. 54:290-300, 1945.
8. Roberts, H. J.: Supportive Adrenocortical Steroid Therapy in Acute and Subacute Cerebrovascular Accidents with Particular Reference to Brain Stem Involvement, J. Am. Geriat. Soc. 6:686-702, 1958.
9. Robertson, R. C. L. & Pollard, C., Jr.: Decerebrate State in Children and Adolescents, J. Neurosurg. 12:13-17, 1955.
10. Russek, H. I., Zohman, B. L. & Russek, A. S.: Cortisone in the Immediate Therapy of Apoplectic Stroke, J. Am. Geriat. Soc. 2:216-222, 1954.
11. Streeten, D. H. P.: Control of the Balance and Distribution of Body Water, Univ. Michigan Med. Bull. 20:161-169, 1954.
12. Thompson, R. K. & Malina, S.: Dynamic Axial Brain Stem Distortion as a Mechanism Explaining the Cardiorespiratory Changes in Increased Intracranial Pressure, J. Neurosurg. 16:664-675, 1959.
13. Tytus, J. S., Seltzer, H. S. & Kahn, E. A.: Cortisone as an Aid in the Surgical Treatment of Craniopharyngiomas, J. Neurosurg. 12:555-564, 1955.

Frogs and Freedom

There's an old story that says you can't kill a frog by dropping him in boiling water. He reacts so quickly to the sudden heat that he jumps out before he's hurt. But if you put him in cold water and then warm it up gradually, he never decides to jump till it's too late. By then he's cooked!

Men are just as foolish. Take away their freedom overnight, and you've got a violent revolution. But steal it from them gradually, (under the guise of "security," "peace," or "progress") and you can paralyze an entire generation. Look at the income tax. It started out at a harmless sounding 1 per cent. It would have been easy to jump out of water as tepid as this, but like the frog, we waited while it climbed ever higher. (Try jumping now!)

Worst of all, we never learn. Even today we cannot believe that Medicare is the same warm water that will one day boil us in Socialized Medicine. We see no connection between farm price supports and Nationalized Agriculture. And if we draw a parallel between subsidized teachers' pay and federal control of education, we are called "extremist."

The tragedies of history are always repeated by those who refuse to learn them. To seek guidance from the past is not "turning the clock back" as we are so often told. It is merely a good way to keep out of hot water.—L. A. Drolett, M. D., in Journal of the Michigan State Medical Society.

Special Article

The Anti-Vivisectionist Movement—Facts and the Danger Ahead*

"I am ready to see not only science but the whole human race go to destruction before I would resort to animal experimentation."

MEDICAL research in West Virginia and the whole United States faces a crisis if certain legislation now before Congress is passed. Every member of the West Virginia State Medical Association can help. The following information summarizes the background, the problem and what can be done.

Background

J. D. Ratcliff, in the March 1961 issue of *The Reader's Digest*, wrote: "A noisy, dangerous minority of perhaps 50,000 people threatens the health and welfare of 180 million Americans. These are the hard-core anti-vivisectionists who would ban or restrict laboratory experimentation with animals, thereby severely limiting nearly all medical research. Quiescent for a decade, the anti-vivisection movement is gaining new momentum.

"In principle, anti-vivisectionsts oppose *any* animal experimentation—even the use of mice in diet studies. Total victory for them would mean that the surgical student would have to learn his skills on human beings, not animals. Research on drugs which are tested and standardized on animals would come to a halt . . . observed Dr. William Mayo, co-founder of the Mayo Clinic. 'To remove animals from experimental medicine would be a calamity not only to mankind but to lower animals themselves.' Animals have benefited quite as much from research as humans, with the conquest of such deadly maladies as hepatitis, cholera and rabies.

"Such observable fact leaves most anti-vivisectionists unmoved. Notes one extremist with remarkable candor, 'I am ready to see not only science but the whole human race go to destruction before I would resort to animal experimentation.' "

*Compiled from information furnished by the National Society for Medical Research and from popular and scientific periodicals.

Before the recent lull in the anti-vivisectionist movement which has been carried forward by the rather loosely organized local societies, the strategy seemed to be wild distortion in talk and publicity. This was linked with a campaign of harassment of animal researchers which was most telling in making it difficult for researchers to obtain dogs and cats for research. A practical result has been the great increase in cost of these animals, which of course has been passed on to the supporters of such research.

The new momentum mentioned above by Ratcliff was heralded by the appearance in Congress in 1960 of the first bill to control animal experimentation. According to Ratcliff, back of this appearance were "the well-meaning but misguided efforts of the Animal Welfare Institute (AWI) and its associated lobbying organization, the Society for Animal Protective Legislation, to ensure the humane treatment of animals that are used in medical research.

"Christine Stevens, president of the AWI and wife of Roger L. Stevens, a real-estate broker and former finance chairman of the Democratic National Committee, has been the most ardent promoter of" . . . the Cooper bill which was introduced in 1960 but failed to get out of committee in that session of Congress.

The Present Situation and Problem

Since then other bills have been introduced which have been similar. On the other hand, some have been much more moderate than the original Cooper Bill. Seven such bills have been introduced into the present Congress; these will be characterized in the following paragraphs.

The Seven bills now in Congress are:

S 533 by Senator Clark of Pennsylvania; S 1041 by Senator Randolph of West Virginia; HR 4856 by Representative Randall of Missouri; HR 4620 by Representative Ashley of Ohio; HR 4840 by Representative Fogerty of Rhode Island; and HR 4843 by Representative Roberts of Alabama.

The most restrictive bill of these is that of Representative Randall, a bill which resembles

closely the original Cooper Bill of 1960. It has little chance of passage.

According to Visscher in *The Physiologist*, there are four grounds for objection to the Clark Bill, which is put forward as a compromise measure. The first is in its basic philosophy when it states, "That it is declared to be the policy of the United States that living vertebrate animals used for scientific experiments . . . shall be used only when no other feasible and satisfactory methods can be used to ascertain biological and scientific information." Strictly interpreted this provision could stop animal experimentation for years because it would take that long to determine feasibility. A second objection would be that the bill would make a dictator of the Secretary of Health, Education and Welfare by granting him veto power over research with no right of appeal. A third objection lies in the far reaching demands for certificates, licenses, records and reports that would serve as a serious barrier to biological research. The expense in time and money would be very great. The fourth objection lies in the restrictions on the use of animals in teaching. The beginning practitioner of medicine would have to learn his skills on human subjects—his patients. Similarly the veterinarian would have to learn them on the animals of his clients. (A companion bill almost identical to the Clark Bill in nature is HR 4620 by Representative Ashley, Ohio).

The bill introduced by Senator Randolph (S 1041) is general in nature and open to floor amendment. The bill requires numerous reports, regulates animal treatment and stipulates various things about handling of animals during research projects.

The Fogarty bill (HR 4840) and the Roberts bill (HR 4843) are identical and less regulatory than the foregoing measures. In essence these bills provide that the Surgeon General of the U. S. Public Health Service shall prescribe and publish in the Federal Register standards for the humane care, handling and treatment of laboratory animals. These bills are opposed by the anti-vivisectionists as not being sufficiently restrictive.

What Can Be Done Now?

Several avenues of positive action can be taken. The National Society for Medical Research and its National Council are now contemplating the drafting and introduction of a constructive measure calling for research in laboratory animal husbandry, training for laboratory animal care personnel, communication of new information and building of better animal care facilities.

Since the anti-vivisectionists are flooding the mail going to Congressmen and Senators urging repressive measures, one of the most telling things we can do is to write to our representatives urging on them the *sane* viewpoint. You may write to your Representative in care of House Office Building, Washington 25, D. C., or to your Senator in care of Senate Office Building, Washington 25, D. C.

Urge them to oppose the restrictive bills now under consideration. Recommend that they consider constructive measures and ask others to join you in this vital effort.

Absolute Safety Not Guaranteed

By its enactment of the Kefauver-Harris Act last year, Congress placed far-reaching and fearsome new responsibilities on the Food and Drug Administration. Now, we believe that Congress should follow through and provide FDA with the resources it needs to do its new job wisely and well. In the words of John T. Connor, President of Merck & Company—"It would be a senseless tragedy if this nation forfeited its leadership in drug progress, not for lack of discoveries, but because a regulatory agency could not keep pace." But however well the FDA is armed by Congress with human and material resources, none of us should lose sight of the fact that the pathway of scientific research and development are uncertain ones at best, and that no rule or regulation or law can guarantee absolute safety whether in outer space or in the pharmaceutical laboratory or the hospital clinic.—Theodore G. Klumpp, M. D.

96TH ANNUAL MEETING

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The President's Page

Valedictory

With the meeting this month at The Greenbrier my term of office as President of the West Virginia State Medical Association will come to an end. The past year has been one I shall long remember and cherish. The honor and pleasure I derived acting as your representative at meetings of neighboring state medical associations, at the AMA meetings and the many county society meetings, is beyond my ability of expression.

The knowledge I gained from these business and social gatherings was of inestimable value to me and indirectly to your State Medical Association. During these travels I was made fully cognizant of the tremendous unity of effort of our profession against those who are motivated to destroy the freedom of our profession and the individual liberties of the entire citizenship of our great land.

This will be my last message to you. Before I conclude, it is my desire to give credit to all of those who contributed to whatever successes our Association accomplished during my administration. To Bill Lively, Jerry Gould and the entire headquarters staff my sincere thanks and appreciation for your splendid cooperation and guidance—you wonderful people made my job much, much easier. To the Council, the entire membership, the Committees and their Chairmen and to the Woman's Auxiliary, my deepest appreciation.

To my dear wife, Nettie, for her patience, companionship and comforting words on all my trips, I owe a debt of gratitude. To those physicians in my hometown of Princeton who took care of my practice while I was making official visits, many thanks.

To Dr. Charles L. Goodhand I pledge my full support and cooperation during his tenure of office. I feel confident he can expect the same from the entire membership. To all of you, many, many thanks for all your kindnesses and courtesies during the past year.

See you at the Greenbrier!

L. J. Pace, M. D., President

THE WEST VIRGINIA MEDICAL JOURNAL

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EDITORIALS

JOIN US AT THE GREENBRIER

We urge physicians throughout the State to make every effort possible to attend the 96th Annual Meeting which will be held at The Greenbrier later this month. The members of the Program Committee have been busy since early last fall and their initial goal was to arrange a program which would be of interest to both general practitioners and specialists. They have succeeded admirably!

Please take time to study the convention program which appears elsewhere in this issue of *The Journal.* We feel sure you will join us in congratulating the Chairman of the Program Committee, Dr. Henry F. Warden, Jr., of Bluefield, and the other members, Drs. Albert C. Esposito of Huntington, Richard E. Flood of Weirton and Maynard P. Pride of Morgantown.

An honor guest at the meeting will be Dr. Paul A. Miller, President of West Virginia University. This will be Doctor Miller's first appearance at a meeting of the State Medical Association and he will be the first speaker on the program arranged for Thursday morning, August 22. The session that day has been designated as "WVU School of Medicine Day" and will be devoted to a symposium on "Neoplastic Disease in the Chest," which will be presented by six members of the faculty at the WVU School of Medicine.

Another general session which will be of interest to both physicians and their wives has been arranged for Saturday morning, August 24. Two members of the staff of the Mayo Clinic will present a program on "Adolescence—The First 'Change of Life.'" Dr. Edward M. Litin, who is

L. J. Pace, M. D.
President

Head of the Section of Psychiatry at the Mayo Clinic, will discuss the emotional problems of the adolescent and the physical and endocrine problems will be discussed by Dr. Alvin B. Hayles, Consultant in the Section of Pediatrics.

The members of the Program Committee were of the opinion that the subject of medical care of the adolescent is one that had been neglected in the past. We hope that a large number of physicians and their wives will be present for what promises to be an enlightening discussion.

Dr. L. J. Pace of Princeton will deliver his Presidential Address at the first session of the House of Delegates on Wednesday evening, August 21, the day preceding the formal opening of the convention. The pre-convention meeting of the Council also will be held on Wednesday at three o'clock.

The second and final session of the House of Delegates will be held on Saturday afternoon, and a reception honoring the officers of the State Medical Association will be held that evening. A Cabaret Dance, sponsored by the Woman's Auxiliary, will be held in Chesapeake Hall on Friday evening. Physicians, their wives, guests and representatives of our industrial exhibitors are cordially invited to attend both the dance and the reception.

We were pleased with the attendance at the scientific meetings in the new Exhibit Center last year and it is our hope that physicians attending the meeting also will plan to spend several hours in the Exhibit Hall talking with the representatives of our industrial exhibitors. These men will be most happy to discuss their products and recent therapeutic developments.

If you have not made your reservations at The Greenbrier, we urge you to do so immediately. Requests for room accommodations should be sent directly to the Reservation Manager.

We'll see you at The Greenbrier!

AN AUSPICIOUS START

A member of the first graduating class at the West Virginia University School of Medicine has established practice in general medicine in Richwood in association with John E. Echols, M. D. Dr. Louis W. Groves, Jr., a native of Nicholas County, was graduated in 1962 from the West Virginia University School of Medicine. He served an internship at Charleston Memorial Hospital and is now in active practice.

This is the first tangible evidence of help to our rural areas from our own School of Medicine. We hope it will proceed from this auspicious start until all our rural general practice needs are fulfilled.

Best wishes Doctor Groves!

ANTI-VIVISECTIONIST MOVEMENT

Elsewhere in this issue of *The Journal* will be found an article dealing with the anti-vivisectionist movement. This article deserves careful reading and reflection. There is every reason to believe that the anti-vivisectionists, "A noisy, dangerous minority . . ." are flooding our lawmakers with propaganda in an effort to bring about legislation prohibiting the use of animals for medical teaching and research.

It is a pity that these misguided people do not turn their restless energy into more constructive channels. As Dr. William Mayo has stated, "To remove animals from experimental medicine would be a calamity not only to mankind but to lower animals themselves." When one considers for example, the work done by Enders of Harvard on the virus causing poliomyelitis and still more recently on the virus causing measles, one wonders how the anti-vivisectionists can hold up their heads and face their fellow men. Do they love children or do they prefer rats and mice? In point of fact, it is difficult enough to do high grade research without misguided people putting obstacles in the course.

It is unnecessary to belabor the point further, especially in a medical journal. The reader is strongly urged to peruse the accompanying article. The bills outlined in it have many undesirable features. It behooves us all to write to our representatives and our senators urging them to oppose the restrictive legislation now under consideration.

THE STINGING INSECT

"The Stinging Insect" season is here! While annoying for the most part, these insects are capable of causing severe and fatal reactions which makes them of great medical importance and led to the organization of an Insect Registry by the American Academy of Allergy.

There can no longer be any question of the efficacy of hyposensitization of insect sting allergy. Analysis of 1,477 questionnaires returned to the registry revealed that only 3 per cent (9 persons) of 311 persons hyposensitized and restung had a reaction worse than that reported before treatment. Twenty-four felt their reac-

tion was unchanged and 273 (88 per cent) described improvement over their pre-treatment state. By contrast, 300 (63 per cent) of 479 persons who had not been treated showed more severe reaction to a second sting, 130 reported no change in reaction and 49 had a milder reaction. The effect of hyposensitization was equally favorable for local and general reaction of all degrees and severity. Hyposensitization is definitely recommended for persons who have had one or more systemic immediate type allergic reaction to insect sting.

The Insect Allergy Committee recommends that in the absence of any serious medical contraindications, known insect sting sensitive persons receive prescriptions for a kit containing either an Epinephrine Aerosol for inhalation, or Epinephrine by injection to which supplemental antihistamine and steroid tablets may be added. Steroids and antihistamines do not act quickly enough in acute emergency but are used for adjuncts. Isoproterenol Sublingual tablets may also be put in the emergency kit but this drug does not counteract shock. Affected persons should be given advice on avoidance of stinging insects and the use of a tourniquet or local application of ice to minimize spread of venom.

Bees, wasps, yellow jackets and hornets are the most common named offenders. Other insects named included ant, asp, deer fly, mosquito and triatoma. August is the month of highest sting reactions, but reactions have occurred every month of the year. Reactions showed no tendency to be more severe in the latter part of summer as compared with early summer.

The Insect Allergy Committee is continuing its study of insect sting reactions and would appreciate names and addresses of insect-sting allergic persons. These names and addresses should be sent to the American Academy of Allergy, Insect Allergy Committee, 756 North Milwaukee Street, Milwaukee 2, Wisconsin.—*Guest Editorial by Merle S. Scherr, M. D., Charleston, W. Va.*

ON SMOKING

In recent years a great deal of statistical data as well as reports from pathologists have been presented to attempt to prove the deleterious effects of smoking, especially cigarette smoking. The position which a physician should take in advising the public on this subject is not always clear. Certainly there is nothing new in the campaign against tobacco. Many of us can remember when cigarettes were spoken of as "coffin nails." Tobacco chewing has long been incriminated as causing cancer of the tongue and pipe smoking as causing cancer of the lip.

In this day when our personal liberties become fewer and fewer we must be careful in using too quickly "Thou shalt not." The great experiment in prohibition of alcoholic beverages has not been forgotten and a similar experiment in the prohibition of tobacco would probably be as unavailing. What rights do we have in making our own decisions? We were glad to see the West Virginia Legislature fail to make it a crime to handle serpents in religious ceremonies. These people know the dangers involved and as long as they do not foist these dangers on others it would seem well to allow them the right of personal decision. On the contrary the improper use of automobiles not only endangers the driver, but others who happen to be in the vicinity. In spite of the number of deaths from automobile accidents, no one has suggested "giving up" this mode of transportation. The number of home accidents has not been used as an excuse for staying out all night.

However, the use of cigarettes as a health hazard is not as apparent to the average citizen as handling of either rattlesnakes or automobiles. It would then seem that the physician must take the initiative in advising the public of this hazard and in supporting laws prohibiting the sale of tobacco to children and adolescents. Beyond this, let the public choose.

'Either By Hook or By Manipulation'

Despite intensive opposition by the Medical Society of the State of New York, the New York State Legislature has enacted legislation providing for the licensing of chiropractors. The legislation becomes effective in October, 1964. Impetus for the successful chiropractic campaign was apparently given by Governor Nelson A. Rockefeller, who publicly sponsored the bill calling for chiropractic licensing. The influence of the Governor and his friends seems to have been too great to be resisted.

Now there are but three states that do not license chiropractors—Mississippi, Louisiana and Massachusetts. Chiropractors in Mississippi and Louisiana and in New York (until October, 1964) have no legal status whatsoever; hence, they may practice in a limbo, not illegal, not legal.

In Massachusetts, however, chiropractors cannot practice since the Supreme Judicial Court ruled in 1915 that chiropractic is the practice of medicine. Doctors of medicine and doctors of osteopathy are the only professionals permitted to be registered to practice medicine in the Bay State.

The successful chiropractic campaign in New York will make it difficult for the three remaining states to keep their doors closed to cultists who never let up on the efforts to get in, either by hook or by manipulation.—The New England Journal of Medicine.

GENERAL NEWS

Distinguished Guests To Attend Convention, Aug. 22-24

More than 700 persons are expected to attend the 96th Annual Meeting of the West Virginia State Medical Association at The Greenbrier in White Sulphur Springs, August 22-24.

The scientific sessions will feature a symposium on medical care of the adolescent, a program by six members of the faculty at the West Virginia University School of Medicine, and papers of interest to all physicians on surgery, medicine and obstetrics. Several of the guest speakers also will present papers before afternoon meetings of sections and affiliated associations and societies.

Charles L. Goodhand, M. D.
President Elect

Pre-Convention Meetings

Although the convention will not be opened formally until Thursday morning, August 22, several important meetings are scheduled for Wednesday afternoon, August 21. The pre-convention meeting of the Council will be held that afternoon at three o'clock, as well as a meeting of the WVU Liaison Committee at 1:30 o'clock.

The registration desk will be open from 2:30 to 4:30 o'clock on Wednesday afternoon, and from 8:30 to 9:30 that evening. The desk will be open on the main floor lobby from 8:30 A. M. to 5 P. M. daily thereafter during the convention.

Presidential Address by Dr. L. J. Pace

Dr. L. J. Pace of Princeton, President of the West Virginia State Medical Association, will deliver his presidential address at the first session of the House of Delegates which will be held in Chesapeake Hall on Wednesday evening, August 21, at nine o'clock. He will preside at the business session which will follow his address.

General Scientific Sessions

The three general scientific sessions will be held in Governor's Hall in the West Virginia Wing. Several of the afternoon meetings of sections and affiliated societies also will be held in Governor's Hall, the Mountaineer Room and other rooms in the new Wing. Other meetings will be held in the Convention Unit.

The industrial and scientific exhibits will be housed in the beautiful Exhibit Center in the West Virginia Wing.

Motion Pictures

Dr. John J. Mahood of Bluefield is chairman of the committee arranging the motion picture program during the three-day meeting. Sound motion pictures on appropriate scientific subjects will be shown on Thursday, Friday and Saturday mornings prior to the opening of each general session. The films will be shown in Governor's Hall.

Formal Opening of Convention Thursday Morning

The Convention will be called to order by Dr. Henry F. Warden, Jr., of Bluefield, Chairman of the Program Committee, on Thursday morning, August 22, at nine o'clock. The address of welcome will be delivered by Dr. L. J. Pace, President of the State Medical Association.

The first speaker on the program will be Dr. Paul A. Miller, President of West Virginia University, who

17½ Hours AAGP Credit

The 96th Annual Meeting of the West Virginia State Medical Association has been authorized as acceptable for 17½ hours credit, Category II, by the American Academy of General Practice.

will speak on a subject of interest to the members of the medical profession, their wives and guests.

The meeting will then be turned over to Dr. Maynard P. Pride of Morgantown, who will serve as moderator for the first general session.

WVU School of Medicine Day

The session on Thursday morning has been designated as "West Virginia University School of Medicine Day," and the following members of the faculty will participate in a symposium on "Neoplastic Disease in the Chest."

Alvin L. Watne, M. D., Associate Professor of Surgery, Chief of the Cancer Committee and Director of the Tumor Clinics. Subject: "Etiology, Incidence and Trends of Cancer of the Lung."

Charles E. Andrews, M. D., Professor of Medicine. Subject: "Clinical Clues in Diagnosis of Cancer of the Lung."

Harold I. Amory, M. D., Professor and Chairman of the Department of Radiology. Subject: "The Role of Radiology in Diagnosis and Treatment of Cancer of the Lung."

Richard A. Currie, M. D., Assistant Professor of Surgery. Subject: "Surgical Treatment of Lung Cancer."

Norman W. B. Craythorne, M. D., Associate Professor of Surgery and Chairman of the Division of Anesthesiology. Subject "Anesthesiology in Chest Surgery."

Victor M. Napoli, M. D., Assistant Professor of Pathology. Subject: "Pathology of Bronchogenic Carcinoma."

Thursday Afternoon Program

Dr. Maynard P. Pride of Morgantown will preside at a meeting of the Resolutions Committee which will be held at two o'clock on Thursday afternoon.

Dr. Edward S. Judd of Rochester will present a paper before the Section on Surgery at two o'clock. His subject will be "Changing Concepts in Surgical Management of Duodenal Ulcer." Dr. Bernard Zimmermann of Morgantown will preside.

Motion Picture Schedule

Dr. John J. Mahood of Bluefield, chairman of the motion picture program for the Annual Meeting at The Greenbrier, has announced that two films will be shown in Governor's Hall each morning prior to the general scientific sessions.

The films on Thursday morning will be "Tracheotomy and Cricothyreotomy" and "Emergency Airway." On Friday morning the films will be "Ligation of the Internal Iliac (Hypogastric) Arteries (Life-Saving Procedure for Uncontrollable Gynecologic and Obstetric Hemorrhage)," and "Hypnosis as Sole Anesthesia for Cesarean Section."

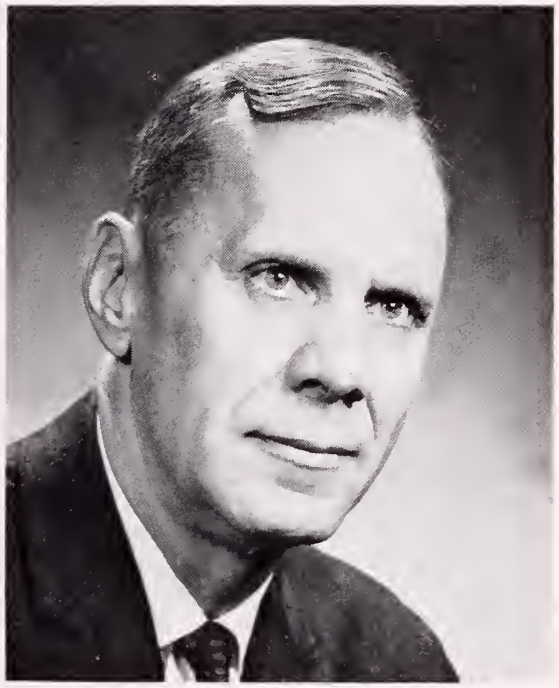
The films on Saturday morning will be "Closed Chest Cardiac Resuscitation" and "Thumb Reconstruction by Toe Transfer."

An open meeting of the West Virginia State Society of Allergy will be held at two o'clock, with Dr. W. L. Neal of Huntington presiding.

Dr. Merle S. Scherr of Charleston will serve as moderator for the scientific session which will be devoted to a "Symposium on Occupational, Household and Cosmetic Allergy." The guest speakers will be as follows:

A. Harvey Neidorff, M. D., Altoona, Pennsylvania, Chief of Dermatology and Allergy at Mercy Hospital in Altoona.

Macy I. Levine, M. D., Clinical Assistant Professor of Medicine, University of Pittsburgh School of Medicine, Pittsburgh.



Dr. Paul A. Miller

Dr. Charles A. Hoffman will preside at a meeting of the Insurance Committee which will be held at 3:30 o'clock, and Dr. Hu C. Myers of Philippi will preside at a meeting of the Cancer Committee which will be held at the same time.

MCV Alumni Party

The West Virginia Chapter of the Medical College of Virginia Alumni Association will hold a Cocktail Party on Thursday evening at six o'clock. Dr. J. C. Huffman of Buckhannon is in charge of arrangements.

Dr. Kinloch Nelson, who recently assumed his duties as Dean at MCV, will be present to discuss the latest developments at the College.

Second General Session
Friday Morning

Dr. Richard E. Flood of Weirton will serve as moderator for the second general session beginning at

9:30 o'clock on Friday morning, August 23. The guest speakers and their subjects are as follows:

Edward S. Judd, M. D., Head of a Section of Surgery at the Mayo Clinic, Rochester, Minnesota. Subject: "The Role of the Surgeon in the Management of Ulcerative Colitis."

Charles A. Doan, M. D., Dean Emeritus and Director of the Division of Hematology, Ohio State University College of Medicine, Columbus. Subject: "The Lymphomata: Their Differentiation and Selective Treatment."

Douglas M. Haynes, M. D., Professor and Chairman of the Department of Obstetrics and Gynecology, University of Louisville School of Medicine. Subject: "Cesarean Hysterectomy: Indications and Limitations."

Nominating Committee To Meet On Friday, Aug. 23

The Committee on Nominations of the State Medical Association will meet at five o'clock on Friday afternoon, August 23, during the Annual Meeting at The Greenbrier. The Committee was created as a result of the adoption of an amendment to the By-Laws during the 1961 Annual Meeting.

The Committee will consider and recommend to the House of Delegates prior to the election of officers, at its final session, its nominee for the office of president elect, vice president, treasurer and the American Medical Association delegate and alternate.

The current councillor at large, Dr. John W. Hash of Charleston, will serve as chairman and the other members are the following senior councillors in point of service from each councillor district: Drs. Richard E. Flood of Weirton, Justus C. Pickett of Morgantown, Richard V. Lynch Jr., of Clarksburg, Richard W. Corbitt of Parkersburg, Harold Van Hoose of Man, and Clyde A. Smith of Beckley.

The By-Laws also specify that nominations may be made from the floor for the above-mentioned offices.

Friday Afternoon Program

Two guest speakers will appear on the program before a meeting of the Section on Internal Medicine which will be held on Friday afternoon, beginning at two o'clock. Dr. Ralph H. Nestmann of Charleston will preside and the speakers and their subjects are as follows:

Charles A. Doan, M. D., Columbus. Subject: "Current Medical Reciprocity Between the Occident and the Orient."

Charles E. Andrews, M. D., Morgantown. Subject: "Autoimmune Disease and the Lung."

Dr. George F. Evans of Clarksburg will preside at a meeting of the West Virginia Chapter of the American Society of Internal Medicine which will be held immediately following the scientific and business session of the Section on Internal Medicine.

Dr. Alvin B. Hayles of Rochester will present a paper on "Thyroid Diseases of the Child" before a meeting of the West Virginia Pediatric Society which will be held at two o'clock. Dr. Warren D. Leslie of Wheeling will preside.

Dr. Donald R. Gilbert of Charleston will preside at a meeting of the Section on Urology which will be held at two o'clock. The speaker will be Dr. D. Franklin Milam of Morgantown who will discuss "Activities of the Urology Division at the West Virginia University Hospital."

"Experiences with the Treatment of Recurrent Carcinoma of the Cervix" will be the subject of a paper which Dr. Douglas M. Haynes of Louisville will present before a meeting of the West Virginia Obstetrical and Gynecological Society at two o'clock. Dr. Federick H. Dobbs of Charleston will preside.

Dr. Earnest B. Carpenter, Assistant Professor of Clinical Orthopedic Surgery at the Medical College of Virginia, will present a paper on "Selective Surgery in Cerebral Palsy" before the Section on Orthopedic Surgery at two o'clock. Dr. Lawrance S. Miller of Morgantown will preside.

Dr. C. G. Polan of Huntington will preside at a meeting of the Section on Neurology, Neurosurgery and Psychiatry at two o'clock. The guest speaker will be Dr. Edward M. Litin of Rochester, whose subject will be "A Concept of Medical Psychiatry."

Dr. Rex Dauphin of Parkersburg will preside at a business meeting of the West Virginia Radiological Society which will be held at two o'clock. There also will be a presentation of interesting films by members of the Society.

Dr. William K. Marple of Huntington will preside at a business meeting of the West Virginia Academy of Ophthalmology and Otolaryngology at two o'clock.

Dr. Thomas S. Knapp of Charleston will preside at a meeting of the West Virginia District Branch, American Psychiatric Association, which will be held at 3:15 o'clock. The guest speaker will be Dr. Robert S. Garber of Belle Mead, New Jersey, Speaker of the Assembly of District Branches of the American Psychiatric Association.

Dr. John W. Hash of Charleston will preside at a meeting of the Nominating Committee which will be held at five o'clock.

The 1963 Program Committee

Dr. Henry F. Warden, Jr., of Bluefield is the Chairman of the Program Committee for the 96th Annual Meeting of the West Virginia State Medical Association. Other members are Drs. Albert C. Esposito of Huntington, Richard E. Flood of Weirton, and Maynard P. Pride of Morgantown. They were appointed by the president, Dr. L. J. Pace of Princeton.

Third General Session
Saturday Morning

Dr. A. C. Esposito of Huntington will serve as moderator of the third general scientific session which will be devoted to a discussion of the subject, "Adolescence—The First 'Change of Life'."

The session will be opened with the showing of a film, "Medical Care for Adolescents," which was produced by the Southern Medical Association in cooperation with Merck Sharp and Dohme, Division of Merck & Co., Inc.

The speakers and their subjects will be as follows:

Edward M. Litin, M. D., Head, Section of Psychiatry, Mayo Clinic, Rochester. Subject: "Emotional Problems of the Adolescent."

Alvin B. Hayles, M. D., Consultant, Section of Pediatrics, Mayo Clinic, Rochester. Subject: "Physical and Endocrine Problems of the Adolescent."

There will be a panel discussion and question and answer period following the formal presentation of papers.

Saturday Afternoon Meetings

Dr. Norman W. B. Craythorne of Morgantown will present a paper on "Massive Blood Transfusion" before a meeting of the West Virginia Society of Anesthesiologists at one o'clock on Saturday afternoon. Dr. Harry S. Weeks, Jr., of Wheeling will preside.

Dr. Wilhelm S. Albrink of Morgantown will preside at a business meeting of the West Virginia Association of Pathologists which will be held at 1:30 o'clock.

Second Session of House of Delegates

Dr. L. J. Pace of Princeton, the President, will preside at the second and final session of the House of Delegates which will be convened at three o'clock on Saturday afternoon.

Dr. Charles L. Goodhand of Parkersburg, the President Elect, will be installed as President during the business session. Other officers for 1963-64 also will be elected and installed.

Dr. Vernon L. Dyer of Petersburg, who was named as West Virginia's "General Practitioner of the Year," will be introduced, together with Richard L. Hess of Clarksburg and J. Donald Morrison of Huntington, the recipients of the State Medical Association's 1963 four-year scholarships to the West Virginia University School of Medicine.

Cabaret Dance on Friday Evening

The Woman's Auxiliary to the West Virginia State Medical Association will sponsor a Cabaret Dance in Chesapeake Hall on Friday evening, August 23, beginning at 10 o'clock. Music will be furnished by "The Townsmen."

Cocktail Party on Saturday Evening

A cocktail party and reception honoring the officers of the West Virginia State Medical Association will be held on the Chesapeake Hall Terrace on Saturday evening, August 24, from 6:30 to 7:30 o'clock. All members of the Association and Auxiliary, their families, representatives of the industrial exhibits, and guests are invited to attend.

Prizes to the winners of the Golf Tournament will be awarded at the Cocktail Party.

Industrial and Scientific Exhibits

More than 45 interesting and informative industrial and scientific exhibits will be housed in the beautiful Exhibit Center in the West Virginia Wing.

The exhibits will be open daily from 8:30 A. M. to 5 P. M. Physicians, members of the Auxiliary and guests are invited to visit and talk with the representatives of various drug and accessory houses who will be present throughout the meeting.

House of Delegates To Meet Twice During Meeting

The Program Committee has announced that there will be two sessions of the House of Delegates during the Annual Meeting at The Greenbrier.

The first session will be convened at 9:00 o'clock on Wednesday evening, August 21, and the second session is scheduled for 3:00 o'clock on Saturday afternoon, August 24.

Daywood Art Gallery In Lewisburg

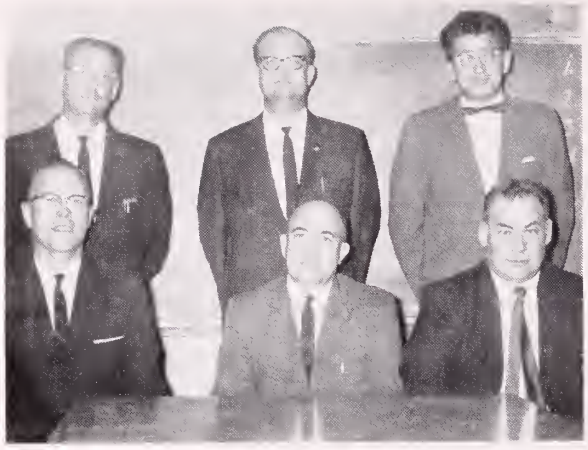
Physicians, their wives and guests attending the annual meeting at The Greenbrier in August have been extended a cordial invitation to visit the Daywood Art Gallery in nearby Lewisburg. The Gallery is open daily from 1:00-5:00 P. M. Admission is free.

Thousands of visitors from this country and abroad have visited the Gallery since its opening in 1951. It was established by Ruth Woods Dayton in memory of her husband Arthur Spencer Dayton, an attorney and collector of art and rare books.

Exhibited in a homelike atmosphere of English and American antique furnishings are 75 paintings and 145 etchings by nationally recognized artists.

Annual Meeting on E. D. T.

The Greenbrier, at White Sulphur Springs, operates on Eastern Daylight Time, and EDT will therefore be observed strictly in the schedule of all events in connection with the annual meeting of the West Virginia State Medical Association there, August 22-24, 1963.



These members of the Committee on Athletic Injuries of the State Medical Association presented an Athletic Injuries Conference in connection with the Annual Clinic of the West Virginia High School Coaches Association in Parkersburg on Friday evening, June 14. Left to right (sitting), Dr. William E. Gilmore of Parkersburg, program chairman; Dr. Richard W. Corbitt of Parkersburg, Committee Chairman; and Dr. Harlan A. Stiles of Huntington. Standing, Drs. W. H. Rardin of Beckley, Henry R. Glass, Jr., of Charleston, and George Naymick of Weirton. (Photo courtesy of The Parkersburg Sentinel).

State Physicians Invited To Attend ACS Symposium in Morgantown

All West Virginia physicians have been extended a cordial invitation to attend a "Symposium on Principles of Surgical Care," sponsored by the West Virginia Chapter of the American College of Surgeons, at the West Virginia University Medical Center in Morgantown, October 4-5.

Dr. Bernard Zimmermann, Professor and Chairman of the Department of Surgery at the WVU School of Medicine, announced that all of those participating in the two-day program are members of the WVU staff with the exception of Dr. Ben Eiseman, Professor and Chairman, Department of Surgery at the University of Kentucky College of Medicine in Lexington, Kentucky.

Those attending the symposium will have an opportunity to attend the West Virginia-University of Oregon football game on the afternoon of October 5. Further information may be obtained by writing to Doctor Zimmermann at the Medical Center in Morgantown.

Drs. Hoffman and Wylie Appointed To State Boards by Governor

Governor W. W. Barron recently appointed Dr. Charles A. Hoffman of Huntington to the State Board of Examiners for Practical Nurses and Dr. Ward Wylie of Mullens to the State Athletic Commission.

Doctor Hoffman, a past president of the State Medical Association and presently a Delegate to the AMA, succeeds Dr. Clark K. Sleeth of Morgantown for a term ending June 30, 1968.

Doctor Wylie, President Pro Tempore of the State Senate and a member of the Council of the State Medical Association, was reappointed for a term ending June 30, 1966.

Speakers Named For Cardiac Symposium in Morgantown

Seven prominent physicians and surgeons have accepted invitations to appear as guest speakers at the West Virginia Centennial Symposium on Cardiac Disease which will be held at the West Virginia University Medical Center in Morgantown, October 17-19.

Dr. Russell V. Lucas, Jr., announced that the sessions on Thursday and Friday, October 17-18, will be devoted to programs on "Congenital Heart Disease," "Rheumatic Fever and Rheumatic Heart Disease," and "Atherosclerotic Heart Disease." There will be a C. P. C. with case presentations on Saturday morning.

Members of the guest faculty will be as follows:

Drs. J. E. Edwards, C. W. Lillehei and Paul Adams of the University of Minnesota School of Medicine; Dr. F. Mason Sones, Jr., of the Cleveland Clinic Foundation; Dr. Albert D. Kistin of the Beckley Memorial Hospital; Dr. Henry D. McIntosh of the Duke University School of Medicine; and Dr. Abraham M. Rudolph of the Albert Einstein Medical College.

Doctor Lucas said the program has been submitted for Category I Credit by the American Academy of General Practice.

It was pointed out that the meeting falls on homecoming weekend at the University and the WVU-Pitt football game will be played on Saturday afternoon.

Hotel accommodations have been reserved for physicians attending the Symposium, as well as tickets for the football game. Physicians who plan to attend should contact Doctor Lucas at the WVU Medical Center in Morgantown.

NIH Seeking Referrals

The cooperation of physicians is requested in studies being conducted in the Clinical Center of the National Institutes of Health by the Endocrinology Branch of the National Cancer Institute.

Referrals of the following groups of patients are needed for study and treatment: women with primary amenorrhea, untreated acromegalics, children with disorders of sexual developments and men with carcinoma of the breast.

Physicians interested in having their patients referred for these studies should write or telephone Dr. Mortimer B. Lipsett, National Cancer Institute, National Institutes of Health, Bethesda 14, Maryland.

Symposium on Orthopedics

A symposium on "Orthopedics, Trauma, Minor Surgery and Office Orthopedics" will be held at the Mound Park Hospital and the Clinic of the American Legion Hospital for Crippled Children in St. Petersburg, Florida, October 17-19.

The program has been approved for 18 hours credit, Category I, by the American Academy of General Practice.

Further information may be obtained by writing the Mound Park Hospital Foundation, Inc., 701 Sixth Street, South, St. Petersburg, Florida.

Importance of Sodium Restriction In Heart Patients Studied

The sodium content of drinking water and its fluctuations with the seasons is being studied in 25 West Virginia cities and towns to determine the importance of sodium restriction in the treatment of patients with congestive heart failure.

The study is being conducted by the State Department of Health in cooperation with the U. S. Public Health Service and the Heart Disease Control program of the Division of Chronic Disease.

Two-Year Project

State Director of Health N. H. Dyer, writing in the department's weekly publication, "State of the State's Health," said the study will provide information about areas of high and low sodium levels in drinking water, and thus call physicians' attention to local water supplies as possible unsuspected sources of excess sodium.

Samples will be collected for laboratory analysis from the selected water supplies once every three months for a two-year period before completion of the survey. Doctor Dyer said there are also implications of the relation of high sodium content in drinking water supplies to hypertension and certain kidney diseases.

Vigilance Against Typhoid Stressed

Doctor Dyer also cited in another issue the "dramatic" reduction in the incidence of typhoid fever in West Virginia over the past half-century but stressed the need for continued vigilance to prevent future outbreaks.

Fifty years ago, West Virginia reported approximately 7,000 cases with nearly 700 deaths and many others probably went unreported. This declined to 69 cases in 1950 and to 14 in 1960. In 1962, six cases were reported with no deaths, yet five cases already have been reported this year with one death.

The 27 carriers in the State are checked periodically to avoid the infection of others but Doctor Dyer said the real key in the battle against typhoid is simply good environmental sanitation which is the responsibility of all West Virginians.

Postgraduate Course in Allergy

A postgraduate course in "Diseases Due to Immune Mechanisms," sponsored by the sections on allergy of the Veterans and Montefiore Hospitals in Pittsburgh, will be presented in that city, October 14-18.

The course will be given in cooperation with the Academy of General Practice and will cover newer aspects of allergy of interest to the general practitioner. The faculty will consist of local and visiting physicians who will present didactic lectures as well as laboratory demonstrations.

The registration fee is $85 and further information may be obtained by writing Dr. Leo H. Criep, VA Hospital, University Drive, Pittsburgh 40, Pennsylvania.

Dr. Joseph T. Mallamo Defending Medical Golf Champion

The winner of the Medical Golf Tournament which will be held in connection with the 96th Annual Meeting of the West Virginia State Medical Association at The Greenbrier in White Sulphur Springs, August 22-24, will receive a trophy offered by the Hospital and Physicians Supply Company of Charleston.

Joseph T. Mallamo, M. D.

Dr. Joseph T. Mallamo of Fairmont is the defending champion. He shot a 73 in 1962 to win his sixth title in seven years and his first leg on the trophy. He retired a previous championship trophy in 1960.

His closest rivals for low gross honors were Drs. George R. Callender, Jr., and R. A. Crawford, both of Charleston, who shot 78's. Other low scorers were Drs. William C. Morgan, Jr., of Charleston, 80, and George A. Curry of Morgantown, Joseph A Smith of Dunbar, and Kenneth E. Owen of Marietta, Ohio, 81's.

Doctor Smith, Chairman of the Golf Committee, said that physicians participating in the tournament will pay an entrance fee of $5, payable at the time they register to play in the tournament. There will be several prizes in addition to the championship trophy.

Physicians may engage in tournament play both mornings and afternoons during the three-day meeting. Participants are to inform the starter when they begin their official tournament round. All tournament play must be completed by four o'clock on Saturday afternoon, August 24.

Commission on Medicine and Pharmacy

A Joint Commission on Medicine and Pharmacy, composed of representatives of the American Medical Association and leaders of the pharmaceutical profession, has been named to explore interprofessional relationships of the two professions.

The decision to establish the Joint Commission was reached recently at a meeting in Chicago of representatives of the American Pharmaceutical Association and the National Association of Retail Druggists with the Board of Trustees and the Judicial Council of the American Medical Association.

Dr. Milford O. Rouse of Dallas, Speaker of the AMA House of Delegates, will serve as chairman of the Joint Commission. Other representatives of the AMA include Dr. George M. Fister, immediate past president, Dr. Raymond M. McKeown, secretary-treasurer, and Dr. Leonard W. Larson, a past president.

Dr. Norman A. Welch Named AMA President Elect

A large number of West Virginia physicians attended the 112th annual meeting of the American Medical Association in Atlantic City, June 16-20. The Traymore was the headquarters hotel and scientific sessions were held in Convention Hall.

Norman A. Welch, M. D.

Heading the State delegation were Drs. Frank J. Holroyd of Princeton and Charles A. Hoffman of Huntington, AMA Delegates, and Dr. D. E. Greeneltch of Wheeling, Alternate. Other officers present were Dr. L. J. Pace of Princeton, President; Dr. Albert C. Esposito of Huntington, Vice President; and Dr. George F. Evans of Clarksburg, Editor of *The Journal.*

Doctor Welch Named President Elect

Dr. Norman A. Welch of Boston was named president elect of the AMA at the concluding session of the House of Delegates on June 20.

Doctor Welch, who has been a member of the House of Delegates since 1951 and speaker since 1959, will be installed at the 1964 meeting in San Francisco. He will succeed Dr. Edward R. Annis of Miami, who assumed office during the meeting in Atlantic City.

Dr. D. F. Ward of Dubuque, Iowa, was elected vice president, and Drs. Milford O. Rouse of Dallas and Walter C. Bornemeier of Chicago, were elected speaker and vice speaker of the House of Delegates, respectively.

Drs. Percy E. Hopkins of Chicago and Raymond M. McKeown of Coos Bay, Oregon, were reelected to the Board of Trustees for three-year terms. Dr. Robert C. Long of Louisville was named to fill the one year remaining in the term of Dr. Hugh H. Hussey, who resigned to become director of the AMA Division of Scientific Activities.

Other new members of the Board are Dr. Dwight L. Wilbur of San Francisco, Lester D. Bibler of Indianapolis, and L. O. Simenstad of Osceola, Wisconsin.

Dr. Walter Judd of Minneapolis, former member of Congress and the winner of the AMA Distinguished Service Award in 1961, was named a member of the Judicial Council.

Dr. William D. Stovall of Madison, Wisconsin, and Dr. Thurman B. Givan of Brooklyn, were elected members of the Council on Constitution and By-Laws.

Elected to the Council on Medical Education and Hospitals were Drs. E. Bryce Robinson, Jr., of Fairfield, Alabama, Francis L. Land of Ft. Wayne, Indiana, and Melvin Breese of Portland, Oregon.

To fill vacancies in the Council on Medical Service, the House elected Drs. Burns A. Dobbins, Jr., of Ft. Lauderdale, Florida, Irvin E. Hendryson of Denver, and Jess W. Reed of Tacoma.

C. Joseph Stetler Commended

By acclamation at the opening session, the House also expressed appreciation for the service of Mr. C. Joseph Stetler, the Association's general counsel and director of the Legal and Socio-Economic Division, who resigned on July 1 to accept a position as executive vice president and general counsel of the Pharmaceutical Manufacturers Association.

Registration and Future Meetings

Total registration at the four-day meeting was 36,811, including 12,924 physicians.

The 1963 Clinical Meeting of the AMA will be held in Portland, Oregon, December 1-4. Other meetings are scheduled as follows: 1964 Annual Meeting, San Francisco; 1965 Annual Meeting, New York City; 1965 Clinical Meeting, Philadelphia; 1966 Annual Meeting, Chicago; 1966 Clinical Meeting, Las Vegas; 1967 Annual Meeting, Atlantic City; and 1968 Annual Meeting, San Francisco.

Summary of Atlantic City Meeting

The following summary of the Atlantic City meeting was prepared for publication by Dr. F. J. L. Blasingame, Executive Vice President of the American Medical Association:

Enlargement of the Board of Trustees, the sections and scientific program of the AMA, interns and residents, a new Institute of Biomedical Research, a physician's pension plan and the relation between tobacco and disease were among the major subjects acted upon by the House of Delegates.

The AMA 1963 Distinguished Service Award was voted to Dr. Lester R. Dragstedt of Gainesville, Florida, Research Professor of Surgery at the University of Florida School of Medicine, for his achievements in the fields of education, research and practicing surgery.

Board of Trustees

The House adopted amendments to the Constitution and By-Laws designed to implement the recommendations presented in June, 1962, by the Ad Hoc Committee on the Board of Trustees. The changes will increase the size of the Board from 11 members to 15 members, by adding three elected trustees and including the immediate past president for a one-year term. The amendments also set the term of office for elected Board members at three years and limited the number of terms to three, for a maximum total of nine years service. In approving the amendments, the House expressed the opinion that enlargement of the Board of Trustees "would improve communications between the Board and the Association" and that the proposed changes "would be consistent with the increase in membership of the Association and with the increase of the size of the House of Delegates."

AMA Sections and Scientific Program

In considering the report of the Ad Hoc Committee to study the Board of Trustees Report on the Sections and Scientific Program of the AMA, originally pre-

sented at the 1962 Clinical Meeting in Los Angeles, the House disagreed with some recommendations in both of those reports.

Major change was the House decision that all section officers—chairman, vice chairman, delegate, alternate delegate, secretary, assistant secretary and representative to the scientific exhibits—should be elected by members of the section and that no officers be appointed by the AMA Board of Trustees.

In another change, relating to nominations for specialty boards, the House approved the following recommendation: "The Committee of the Council on Scientific Assembly of the appropriate section shall nominate the AMA representatives to serve on the medical specialty certifying board. These nominations shall be submitted to the Board of Trustees."

In connection with section registration, the House decided that "a member of a section who desires to change his registration from one section to another because of a change in his specialty, shall be required to inform AMA Headquarters by written notice of this intention at least sixty days in advance of the Annual Meeting."

The House agreed with the Ad Hoc Committee's recommendation that the Section on Gastroenterology and Proctology be renamed the "Section on Gastroenterology" and that a separate "Section on Proctology" be established.

The House also commended the Board of Trustees for its recommendation that a national forum be sponsored by the AMA in which representatives of national medical specialty societies and the Academy of General Practice will participate. The Board of Trustees was directed to implement this suggestion as early as possible.

Interns and Residents

The House disapproved the report of the Council on Medical Service and the Council on Medical Education and Hospitals on Compensation of House Officers. In so doing, it adopted the following statement:

"We therefore recommend that in view of the overwhelming opposition to the basic proposal contained in the report of the Council on Medical Service and the Council on Medical Education and Hospitals, the AMA record itself as opposed to any system or program by which any part of an intern's or resident's salary is paid out of fees collected by the attending physician or out of fees collected under any type of medical-surgical insurance coverage."

The House, while declaring that the joint council report "represents a well-intentioned effort to find a solution to a most difficult, if not impossible, problem," recommended that any future proposals on the compensation of house officers be thoroughly studied by the Law Department and Judicial Council before submission to the House of Delegates.

In another action, related to the controversial "25 per cent rule," the House approved a revision of the Essentials of an Approved Internship which deletes the requirement for any stated proportion of foreign medical graduates and graduates of American and Canadian medical schools as an essential feature of any internship program.

New Research Institute

In acting upon two reports from the AMA Education and Research Foundation, the House approved the Foundation's announcement that it will establish and operate a new Institute for Biomedical Research.

The Institute will concern itself with intensive and fundamental study of life processes particularly as related to intracellular mechanisms. It will be composed of groups of dedicated, imaginative workers who are capable of significant scientific achievements through the interaction of their intellects and experiences, with unmatched facilities and maximum freedom from external pressures.

West Virginia physicians and their wives attending a breakfast meeting of the Aces and Deuces organization in Atlantic City had an opportunity to visit with Dr. Edward R. Annis and his charming young daughter, Barbara. Left to right, Dr. L. J. Pace of Princeton, Dr. and Mrs. Albert C. Esposito of Huntington, Dr. and Mrs. D. E. Greenelch of Wheeling, Dr. Frank J. Holroyd of Princeton, Dr. Charles A. Hoffman of Huntington, Barbara Annis and Doctor Annis.

The Institute will be dedicated to pure, basic, non-disease oriented research, and it will not render medical service to patients and will not conduct a graduate training program leading to a degree. It is contemplated that the first research group should be functioning by early 1965.

Physicians' Pension Plan

The House approved establishment of an AMA physicians' pension plan under the provisions of the Self-Employed Individuals' Retirement Act of 1962, and noted that the Board of Trustees will make every effort to begin operation of the plan before the end of 1963 so that physicians will be able to participate this year.

The plan will be open to all AMA members and their employees who can qualify under the Act, Public Law 87-792 (Keogh Law).

The law allows a self-employed individual to set aside up to $2,500 or 10 per cent of his annual income, whichever is less, in a retirement fund, with the first $1,250 being deductible. The individual must provide proportionate benefits for any employee who works for him more than 20 hours a week and more than five months each year.

Tobacco and Disease

The House agreed with a Board of Trustees report which concluded that the AMA should defer any definitive statement regarding the relationship of tobacco and disease. The report pointed out that the AMA is continuing its study of this important subject and is merely deferring any public pronouncement pending the availability of more information, including whatever may come from the study of a committee appointed by the United States Public Health Service.

In taking this action, the House declared that extensive research is still necessary for the complete answers on the cause and effect of many toxins, including tobacco. However, the House said that the AMA "has a duty to point out the effects on the young of the use of toxic materials, including tobacco, and these facts should be disseminated, particularly in our schools."

Miscellaneous Actions

In considering a wide variety of resolutions and reports, the House also:

Disapproved a Judicial Council opinion on the dispensing of glasses by ophthalmologists and reaffirmed the Council's interpretation of Section 7 of the Principles of Medical Ethics, as reported in the November 15, 1958, issue of the *Journal of the American Medical Association.*

Approved a Judicial Council opinion on physician ownership of drugstores, drug repackaging houses and pharmaceutical companies.

Approved of AMA participation in the recent formation of a Joint Commission on Medicine and Pharmacy.

Agreed with the Council on Legislative Activities that the House should take no official position on the "Liberty Amendment" but should call it to the attention of individual physician citizens.

Disapproved of federal funds for staffing new community mental health centers.

Took a position opposing the student loan provisions of the Health Profession Educational Assistance Act of 1963.

Urged all state and county medical societies to adopt and activate all phases of "Operation Hometown."

Recommended that local medical societies in the vicinity of medical schools assume the responsibility of establishing and maintaining clear lines of communication with medical students.

Approved the organization of the new National Council for the Accreditation of Nursing Homes, jointly sponsored by the AMA and the American Nursing Home Association.

Adopted the recommendations of the Committee to Study the Joint Commission on the Accreditation of Hospitals and suggested that the committee's report be distributed to constituent and component societies and hospital chiefs of staff.

Approved an alteration in the Association By-Laws which states: "The Council on Medical Education and Hospitals shall consist of 10 Active or Service members at least one of whom shall be a private practitioner of medicine who is not a faculty member of a medical school nor a member of a staff of a hospital associated with a medical school or university."

Commended the American Farm Bureau for its vigorous leadership in opposing unwarranted government interference and regulation.

Opening Session

Dr. George M. Fister of Ogden, Utah, retiring AMA president, told the opening session that "our fight against federal dictation is not merely one of concern only to physicians and their freedom to practice the best medicine possible, but it also concerns, equally or more so, the individual citizen, all professions and the private enterprise system in this country. Awards announced were the AMA Scientific Achievement Award to John F. Enders, Ph.D., of Boston, and the Joseph Goldberger Award in Clinical Nutrition to Dr. John B. Youmans of New York City.

Inaugural Ceremony

Doctor Annis, in his inaugural address on June 18, stressed the importance of maintaining an attitude of individualism among the physicians of America, and he urged members of the profession to have the courage and individuality to fight for all political, economic and professional freedoms.

Wednesday Session

Speaking at the Wednesday session, Doctor Annis declared that "now, more than ever before, there is an obligation for all of us to waive or at least to minimize any differences between or within regions, specialties or organizations and to stand together on fundamental principles of medical care and medical practice, of enterprise and of freedom for which our great Association has striven in the last 116 years."

Only Service-Connected Disabilities Treated at VA Outpatient Clinics

Only those veterans with service-connected disabilities are eligible for outpatient treatment at VA Clinics, Dr. George M. Lyon, Director of the Veterans Administration Hospital in Huntington announced recently.

Exceptions would be disabled veterans receiving training under the Vocational Rehabilitation Act who need outpatient medical treatment for non-service-connected disabilities to prevent interruption of training or to hasten their return to training.

Outpatient medical treatment including medicine, bandages, etc. may be approved at VA hospitals or outpatient clinics, or the VA may authorize approved physicians in the veteran's home community to provide it.

Doctor Lyon said all disabilities of veterans of the Indian Wars and of the Spanish-American War are considered to be service connected for purposes of outpatient treatment.

Regional GP Symposium Held In Sutton on June 20

A Symposium on Medicine and Surgery, sponsored by the West Virginia Chapter of the American Academy of General Practice with the cooperation of Eli Lilly and Company, was held at the National Guard Armory in Sutton on June 20.

Three members of the faculty at the West Virginia University School of Medicine presented papers during the scientific session which was devoted to the subject of "Medical and Surgical Aspects of Thyroid Disease." The speakers were as follows:

Dr. John E. Jones, Instructor in Medicine, Dr. Richard A. Currie, Assistant Professor of Surgery, and Dr. George G. Green, Associate Professor of Radiology.

Drs. Earl L. Fisher and W. W. Huffman of Gassaway were in charge of arrangements for the meeting.

Thoracic Society Planning Program For 1964 Annual Meeting

The annual meeting of the American Thoracic Society, Medical Section of the National Tuberculosis Association, will be held in New York City, May 25-27, 1964.

Physicians desiring to present papers should submit abstracts prior to the first of January to Dr. Robert Oseasohn, Chairman, Medical Sessions Committee, American Thoracic Society, 1790 Broadway, New York 19, N. Y.

Authors will be notified by February 10, 1964, if their papers have been accepted for presentation. Abstracts selected for presentation will be published in *The American Review of Respiratory Diseases.*

Medical Meetings, 1963

The following is a partial list of national, state and district medical meetings scheduled for 1963:

Aug. 22-24—W. Va. State Medical Association, The Greenbrier, White Sulphur Springs.
Aug. 26-29—American Hospital Assn., New York.
Sept. 6—W. Va. Heart Assn., Charleston.
Sept. 7—W. Va. Diabetes Assn., Charleston.
Sept. 24-26—Kentucky Medical Assn., Lexington.
Oct. 2-4—W. Va. Hospital Association, Wheeling.
Oct. 3—Rural Health Conf., Jackson's Mill.
Oct. 4-5—ACS Symposium, Morgantown.
Oct. 6-9—Virginia Medical Society, Roanoke.
Oct. 8-10—W. Va. TB and Health Assn., Fairmont.
Oct. 9-12—Pennsylvania Med. Society, Pittsburgh.
Oct. 10-12—AMA School Conference, Chicago.
Oct. 13—GP Symposium, Wheeling.
Oct. 13-19—World Medical Assn., New York.
Oct. 17-19—Cardiac Symposium, Morgantown.
Oct. 21-22—American Cancer Soc., New York.
Oct. 21-24—Interstate PG Assn., Chicago.
Oct. 25-27—Potomac-Shenandoah Valley PG Institute, Martinsburg.
Oct. 25-29—American Heart Assn., Los Angeles.
Oct. 27-31—ACS Clinical Congress, San Francisco.
Nov. 18-21—Southern Medical, New Orleans, La.
Nov. 30-Dec. 1—ACCP Interim Meeting, Portland.
Dec. 1-3—AMA Clinical Meeting, Portland.

Relocations

Dr. Louis W. Groves, who completed his internship at Charleston Memorial Hospital, has located in Richwood and is associated with Dr. John E. Echols. Doctor Groves was a member of the first graduating class at the West Virginia University School of Medicine in 1962.

* * * *

Dr. Irvin S. Perry, Director of Medical Education at Memorial Hospital in Charleston, has accepted a Fellowship in Chest and Infectious Disease at the University of North Carolina School of Medicine in Chapel Hill.

* * * *

Dr. Deane F. Brooke of Beckley, who served for the past 15 years as Area Medical Administrator for the UMW Welfare and Retirement Fund, resigned on June 1 and is now living in Samona, California. His mailing address in that city is P. O. Box 279.

* * * *

Dr. George L. Fischer of Welch has moved to Clifton Forge, Virginia, where he will continue in the practice of internal medicine at the C & O Hospital.

New ACCP Officers

Dr. Charles K. Petter of Waukegan, Illinois, was elected president of the American College of Chest Physicians during the annual meeting of that organization in Atlantic City, June 13-17.

He succeeds Dr. John F. Briggs of St. Paul, Minnesota. Other new officers were elected as follows:

Dr. Alfred Goldman of St. Louis, president elect; Major General Oliver K. Niess, Surgeon General of the U. S. Air Force, first vice president; and Dr. Howell S. Randolph of Phoenix, Arizona, second vice president.

President of AMA Auxiliary To Attend Annual Meeting

More than 200 wives of physicians are expected to attend the 39th Annual Meeting of the Woman's Auxiliary to the West Virginia State Medical Association which will be held at The Greenbrier in White Sulphur Springs, August 22-24.

Mrs. Howard G. Weiler of Wheeling, the President, will preside at the three-day meeting which will be held in conjunction with the 96th Annual Meeting of the State Medical Association.

Mrs. C. Rodney Stoltz of Watertown, South Dakota, who was installed as President of the Woman's Auxiliary to the American Medical Association in June, will be among the guest speakers and will deliver the keynote address at the opening session on Thursday morning, August 22.

Mrs. Howard G. Weiler
President

Pre-Convention Meetings

Mrs. Weiler will preside at a pre-convention meeting of the Executive Board which will be held at four o'clock on Wednesday afternoon, August 21, the day preceding the formal opening of the convention.

A cordial invitation has been extended to members of the Auxiliary to attend the first session of the Association's House of Delegates which will be held that same evening. Dr. L. J. Pace of Princeton, the President, will present his Presidential Address at that session.

WVU President Guest Speaker

Physicians, wives and their families are invited to hear an address by Dr. Paul A. Miller, President of West Virginia University, at the Association's first general session in Governor's Hall at nine o'clock on Thursday morning. The first session has been officially designated as "West Virginia University School of Medicine Day" and will be devoted to a symposium on "Neoplastic Disease in the Chest."

General Business Sessions

The Auxiliary's general business sessions will be held on Thursday and Friday mornings, leaving the afternoons free for committee meetings and participation in the golf and bridge tournaments arranged in connection with the meeting.

Mrs. Weiler will preside at the opening session on Thursday morning and the invocation and pledge of loyalty will be given by Mrs. Vernon L. Dyer, the immediate past president.

The agenda at the first session will include reports of convention committees and recommendations of the Executive Board. Reports of county auxiliary presidents also will be received, together with reports of the officers and the standing and special committees.

Address by Mrs. C. Rodney Stoltz

The guest speaker at the first session will be Mrs. C. Rodney Stoltz, the AMA Auxiliary President, who will deliver the keynote address.

Mrs. Stoltz has been active in district and state auxiliaries since 1947 and was president of the South Dakota State Auxiliary in 1953-54. At the national level, she served as chairman of various committees and as a director and has just completed her second term as North Central Regional Vice President.

She has been interested in education for many years and is a member and past president of the Watertown Board of Education and a member of the Advisory Council for the Governor's Lay Conference on Education. Her other activities include memberships in the National Education Association, National School Boards Association, Girl Scouts, P. T. A., P. E. O. Sisterhood, General Federation of Women's Clubs, and Delta Zeta Sorority.

Mrs. Stoltz is a native of Table Rock, Nebraska, and majored in speech and dramatics at Nebraska Wesleyan University. Her husband is an obstetrician and gynecologist and they have a son, Roger, 18, and a daughter, Gail, 16.

Luncheon and Fashion Show

A luncheon and fashion show will be held in the Crystal Dining Room for members and guests following adjournment of the first session on Thursday morning. Fashions will be shown by Alanson's of The Greenbrier.

Election of Officers on Friday

The annual past president's breakfast will be held at eight o'clock on Friday morning, with Mrs. Vernon L. Dyer of Petersburg, immediate past president, presiding. Mrs. Weiler will preside at the second general session which will be held at 9:30 A. M. on Friday. In addition to receiving reports of various committees, new officers will be elected for the coming year following a report of the nominating committee.

Mrs. Stoltz will install the newly elected officers. The presentation of the president's pin and gavel will

be made by Mrs. Howard G. Weiler to Mrs. Pat A. Tuckwiller of Charleston, the incoming president. The presentation of the past president's pin to Mrs. Weiler will be made by Mrs. Vernon L. Dyer.

Address by Mrs. Pat A. Tuckwiller

Mrs. Pat A. Tuckwiller, who will be installed as President, will deliver her inaugural address following the installation ceremonies.

The bridge party and golf tournament will be held on Friday afternoon. Mrs. W. E. Ackermann of Wheeling is in charge of arrangements for the golf tournament.

Cabaret Dance Planned

The Woman's Auxiliary is in charge of the entertainment program for the convention. The feature entertainment will be a Cabaret Dance on Friday evening in Chesapeake Hall.

Post-Convention Conference

Mrs. Pat A. Tuckwiller, the incoming president, will preside at a post-convention conference which will be held at 10 A. M. on Saturday, August 24. This meeting will be the final item of business on the formal program.

Second Session of House of Delegates

The second session of the Association's House of Delegates will be held at three o'clock on Saturday afternoon. Auxiliary members are cordially invited to attend both sessions of the House of Delegates.

The second session will feature introductions of West Virginia's "General Practitioner of the Year," and the two recipients of the State Medical Association's 1963 four-year scholarships to the West Virginia University School of Medicine. The business session will include the election of officers for the coming year.

A cocktail party and reception honoring the officers of the West Virginia State Medical Association will be held on the Chesapeake Hall Terrace from 6:30 to 7:30 that evening. All members of the Auxiliary, State Medical Association, exhibitors and guests are invited to attend.

Convention Committee

Mrs. W. E. Ackermann and Mrs. Chesterfield J. Holley, both of Wheeling, are co-chairmen of the convention. They were appointed by the President, Mrs. Howard G. Weiler.

Booklet on Health Insurance

The fifth annual edition of the booklet, "A List of the Current Health Insurance Books," was published recently by the Health Insurance Institute.

The 40-page bibliography serves as a reference on current writings on all facets of health insurance. The booklet is divided into eleven sections, among them general insurance, gerontology, social security, statistics and periodicals.

Single copies may be obtained by writing the Health Insurance Institute, 488 Madison Avenue, New York 22, New York.

Mrs. C. Rodney Stoltz

W. Va. Diabetes Association To Meet In Charleston on Sept. 7

The West Virginia Diabetes Association will hold its annual meeting at the Holiday Inn in Charleston on Saturday, September 7.

The following scientific program will be presented on Saturday morning in connection with the one-day meeting:

9:00—"Newer Concepts of Insulin Action."—Robert A. Hines, M. D., Chief of Medical Service, VA Center, Martinsburg.

10:00—"Lipoatrophic Diabetes."—Paul C. Davidson, Resident at West Virginia University Hospital, Morgantown.

10:30 — "Pre-Diabetes." — Rafael A. Camerini-Davalos, M. D., Research Associate, Baker Clinic Research Laboratory, New England Deaconess Hospital, Boston.

Dr. Cyril D. Gettliffe of Charleston, Leo H. T. Bernstein of Martinsburg, and J. V. McKenzie and Richard N. O'Dell of Charleston will discuss the papers.

The presentation of papers will be followed by a "Symposium on Basic Objectives in Diabetes Detection and Means of Reaching Them." Dr. Richard V. Lynch, Jr., of Clarksburg, president elect of the association, will serve as moderator with Drs. Richard J. Sexton, L. A. Dickerson and L. H. Mynes and Mrs. Alan J. Arthur of Charleston as members of the panel.

Dr. Thomas H. McGavack of Martinsburg, the president, will preside at the meeting and new officers and three members of the board of directors will be elected. Dr. Lyle D. Vincent of Parkersburg is vice president and Doctor Bernstein secretary-treasurer.

Mrs. Evans Named President Elect Of AMA Auxiliary

Mrs. Howard G. Weiler of Wheeling, President of the Woman's Auxiliary to the West Virginia State Medical Association, and Mrs. Pat A. Tuckwiller of Charleston, the president elect, were among West Virginians who attended the 40th annual meeting of the Woman's Auxiliary to the American Medical Association in Atlantic City, June 16-20.

Mrs. C. Rodney Stoltz of Watertown, South Dakota, was installed as president of the organization, succeeding Mrs. William G. Thuss of Birmingham, Alabama. Other new officers are as follows:

Mrs. William H. Evans of Youngstown, Ohio, president elect; Mrs. John M. Chenault, Decatur, Alabama, first vice president; Mesdames William Stone of Baltimore, Richard A. Sutter of St. Louis, Earl W. Roles of Prospect, Kentucky, and G. Prentiss Lee of Portland, Oregon, regional vice presidents; Mrs. Howard Lilijestrand of Honolulu, Hawaii, constitutional secretary, and Mrs. C. R. Pearson of Baraboo, Wisconsin, treasurer.

In her inaugural address, Mrs. Stoltz said Auxiliary members' service is the best possible communications to the layman, and "while we recognize that actions speak more loudly than words, the words which follow our demonstrations are important and better received." She said that comprehension is the key to future success and "our first need is to communicate with ourselves."

"If each one truly communicates, giving recognition to our aims, our program and our accomplishments, the Auxiliary will stand the test of scrutiny," Mrs. Stoltz said. "We can and should invite it: Scrutiny by our own members, members of our medical societies, potential members and the public. One of the most overlooked aspects of evaluation is the process of being asked penetrating questions and being required to give a considered answer."

A check for $278,410.35 was presented by the Auxiliary to the AMA Educational and Research Foundation for the nation's medical schools and the student loan guarantee program at a luncheon honoring national past presidents.

Dr. George M. Fister of Ogden, Utah, immediate past president of the American Medical Association, was the speaker. He praised the Auxiliary for its work and said that "if our past proclaims our future, then the finest form of medicine in the world will be preserved."

In another address, Dr. Edward R. Annis of Miami, Florida, the new AMA president, urged physicians' wives "not to sin by silence." He said "it should be the personal goal of every Auxiliary member to tell medicine's story so that both sides will be heard. Never be too busy to tell the truth."

Other speakers included Congressman Bruce Alger and Dr. William Walsh, president of Project HOPE. The total registration was 1,325.

Doctor Holroyd Reelected Secretary Of Aces and Deuces

Dr. Frank J. Holroyd of Princeton was reelected to a fifth consecutive term as secretary-treasurer of the Aces and Deuces organization at the annual breakfast meeting held at the Colony Motel in Atlantic City on June 18. The meeting was attended by more than 170 persons.

Dr. Joseph D. McCarthy of Omaha, Nebraska, was elected president, succeeding Dr. H. Thomas McGuire of New Castle, Delaware.

Other West Virginia physicians attending the meeting were Dr. L. J. Pace of Princeton, Dr. and Mrs. Albert C. Esposito of Huntington, Dr. and Mrs. D. E. Greeneltch of Wheeling, and Dr. Charles A. Hoffman of Huntington.

The Aces and Deuces is a social organization composed of AMA delegates and alternates from State Medical Associations and Societies which have one or two members in the House of Delegates.

An Aces and Deuces luncheon honoring AMA officers and members of the House of Delegates will be held during the clinical session in Portland, Oregon.

Dr. Joseph H. McNinch Selected As New VA Medical Director

Dr. Joseph H. McNinch became Chief Medical Director of the Veterans Administration on June 3, succeeding Dr. William S. Middleton, whose retirement was announced in Washington on February 28.

Doctor McNinch, formerly commanding general of the Medical and Research Development Command of the United States Army, is in charge of 169 hospitals, nearly 100 outpatient clinics and a nationwide hometown care program which provide care for some 2½ million veteran patients annually.

He is a native of Indianapolis, Indiana, and received his M. D. degree in 1930 from the Ohio State University College of Medicine. He entered the Medical Corps of the United States Army in 1930 and following his retirement in 1962 served as director of research for the American Hospital Association.

No Convention Registration Fee

No registration fee will be assessed against either members or guests in connection with the 96th Annual Meeting of the West Virginia State Medical Association at The Greenbrier in White Sulphur Springs, August 22-24, 1963.

Three State Physicians Certified

Three West Virginia physicians were recently certified by the American Board of Obstetrics and Gynecology.

The newly certified physicians are Dr. John J. Battaglino, Jr., of Wheeling, Dr. Thornton A. Beckner of Man, and Dr. William J. Berry of Welch.

Sustained high-level protection in peptic ulcer

all day

all night

with b.i.d. dosage

PRO-BANTHĪNE P.A.®

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Prolonged-Acting Tablets—30 mg.

Pro-Banthīne P.A. provides the full anticholinergic benefit of Pro-Banthīne® plus the greater convenience and more consistent therapeutic effect of a long-acting dosage form.

Asher[1] has summarized the advantages of prolonged-action dosage forms: "First, they should be of great value in the suppression of night acid secretion in the ulcer patient. Also, in the ulcer patient, with high acid secretion during the day these drugs should be of help when used with regular doses of shorter-acting anticholinergic agents. A third application is in the chronic treatment of certain patients whose tendency to recurrent ulcer has been established."

Pro-Banthīne P.A. offers consistent, sustained anticholinergic effects for more consistent suppression of acid secretion and motility on simple twice or thrice daily dosage in most patients.

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Suggested Adult Dosage:
One tablet at bedtime and one in the morning, supplemented, if necessary, by additional tablets of Pro-Banthīne P.A. or standard Pro-Banthīne to meet individual requirements.

Pro-Banthīne P.A.
is supplied as capsule-shaped, peach-colored tablets of 30 mg. each.

Contraindications:
Glaucoma; severe cardiac disease.

Possible Side Actions:
Xerostomia, mydriasis and, occasionally, hesitancy in urination. Theoretically, a curare-like action may occur.

1. Asher, L. M.: The Choice of Anticholinergic Drugs in the Treatment of Functional Digestive Diseases, Amer. J. Dig. Dis. 4:260-275 (April) 1959.

CONVENTION PROGRAM

96th Annual Meeting

of the

West Virginia State Medical Association

THE GREENBRIER, WHITE SULPHUR SPRINGS

August 22-24, 1963

WEDNESDAY AFTERNOON
August 21

(Eastern Daylight Time)

2:30-4:30—Registration, Main Floor Lobby.

1:30—WVU Liaison Committee. George F. Evans, M. D., *presiding.* (Washington Room, Virginia Wing).

3:00—Pre-Convention Meeting of the Council. D. E. Greeneltch, M. D., *presiding.* (Lee Room, Virginia Wing).

WEDNESDAY EVENING

8:30-9:30—Registration.

9:00—First Session of the House of Delegates. L. J. Pace, M. D., *presiding.* (Chesapeake Hall).
Presidential Address—L. J. Pace, M. D., President, West Virginia State Medical Association.
Business Meeting.

THURSDAY MORNING
August 22

8:00—Motion Pictures. John J. Mahood, M. D., in charge. (Governor's Hall). "Tracheotomy and Cricothyreotomy," and "Emergency Airway."

8:30-5:00—Registration, Main Floor Lobby.

Opening Exercises
(Governor's Hall)

9:00—Call to Order—Henry F. Warden, Jr., M. D., Chairman, Program Committee.
Invocation—E. Lyle Gage, M. D.
Address of Welcome—L. J. Pace, M. D., President, West Virginia State Medical Association.

WVU School of Medicine Day
Moderator: Maynard P. Pride, M. D.

9:15—Address by Dr. Paul A. Miller, President of West Virginia University.

Symposium on Neoplastic Disease in the Chest

9:30—Alvin L. Watne, M. D., Associate Professor of Surgery, Chief of the Cancer Committee and Director of the Tumor Clinics. Subject: "Etiology, Incidence and Trends of Cancer of of the Lung."

9:50—Charles E. Andrews, M. D., Professor of Medicine. Subject: "Clinical Clues in Diagnosis of Cancer of the Lung."

10:10—Harold I. Amory, M. D., Professor and Chairman of the Department of Radiology. Subject: "The Role of Radiology in Diagnosis and Treatment of Cancer of the Lung."

10:30—Recess for Visiting Exhibits.

11:00—Richard A. Currie, M. D., Assistant Professor of Surgery. Subject: "Surgical Treatment of Lung Cancer."

11:20—Norman W. B. Craythorne, M. D., Associate Professor of Surgery and Chairman of the Division of Anesthesiology. Subject: "Anesthesiology in Chest Surgery."

11:40—Victor M. Napoli, M. D., Assistant Professor of Pathology. Subject: "Pathology of Bronchogenic Carcinoma."

12:00—Question and Answer Period.

12:30—Recess for Lunch and Visiting Exhibits.

THURSDAY AFTERNOON

2:00—Resolutions Committee. Maynard P. Pride, M. D., *presiding.* (Tyler Room).

2:00—Open Meeting, West Virginia State Society of Allergy. W. L. Neal, M. D., *presiding.* (Governor's Hall).
"Symposium on Occupational, Household and Cosmetic Allergy." Merle S. Scherr, M. D., *Moderator.*

Guest Speakers: A. Harvey Neidorff, M. D., Altoona, Pa., Chief of Dermatology and Allergy at Mercy Hospital in Altoona.

Macy I. Levine, M. D., Clinical Assistant Professor of Medicine, University of Pittsburgh School of Medicine, Pittsburgh.

2:00—Section on Surgery. Bernard Zimmermann, M. D., *presiding*. (Mountaineer Room).

Guest Speaker: Edward S. Judd, M. D., Rochester. Subject: "Changing Concepts in Surgical Management of Duodenal Ulcer."

3:30—Insurance Committee. Charles A. Hoffman, M. D., *presiding*. (Washington Room).

3:30—Cancer Committee. Hu C. Myers, M. D., *presiding*. (Lee Room).

THURSDAY EVENING

6:00—Cocktail Party, West Virginia Chapter, Medical College of Virginia Alumni Association. Dean Kinloch Nelson will discuss the latest developments at the College. J. C. Huffman, M. D., in charge. (West Virginia Room).

9:00—WESPAC Meeting. Frank J. Holroyd, M. D., *presiding*. (West Virginia Room).

Guest Speaker: Edward M. Donelan, Field Representative, American Medical Political Action Committee.

10:00—Dancing in the Ballroom.

FRIDAY MORNING

August 23

8:15—Motion Pictures. John J. Mahood, M. D., *presiding*. (Governor's Hall). "Ligation of the Internal Iliac (Hypogastric) Arteries (Life-Saving Procedure for Uncontrollable Gynecologic and Obstetric Hemorrhage)," and "Hypnosis as Sole Anesthesia for Cesarean Section."

8:30-5:00—Registration, Main Floor Lobby.

Second General Session

Moderator: Richard E. Flood, M. D.

9:30—Edward S. Judd, M. D., Head of a Section of Surgery at the Mayo Clinic, Rochester, Minnesota. Subject: "The Role of the Surgeon in the Management of Ulcerative Colitis."

10:15—Charles A. Doan, M. D., Dean Emeritus and Director of the Division of Hematology, Ohio State University College of Medicine, Columbus. Subject: "The Lymphomata: Their Differentiation and Selective Treatment."

11:00—Recess for Visiting Exhibits.

11:30—Douglas M. Haynes, M. D., Professor and Chairman of the Department of Obstetrics and Gynecology, University of Louisville School of Medicine. Subject: "Cesarean Hysterectomy: Indications and Limitations."

12:15—Recess for Lunch and Visiting Exhibits.

FRIDAY AFTERNOON

2:00—Section on Internal Medicine. Ralph H. Nestmann, M. D., *presiding*. (Governor's Hall).

Guest Speakers: Charles A. Doan, M. D., Columbus. Subject: "Current Medical Reciprocity Between the Occident and the Orient."

Charles E. Andrews, M. D., Morgantown. Subject: "Autoimmune Disease and the Lung."

Business Meeting.

2:00—West Virginia Pediatric Society. Warren D. Leslie, M. D., *presiding*. (Tyler Room).

Guest Speaker: Alvin B. Hayles, M. D., Rochester. Subject: "Thyroid Diseases of the Child."

2:00—Section on Urology. Donald R. Gilbert, M. D., *presiding*. (Jackson Room).

Guest Speaker: D. Franklin Milam, M. D., Professor of Surgery and Chairman of the Division of Urology, West Virginia University School of Medicine, Morgantown. Subject: "Activities of the Urology Division at the West Virginia University Hospital."

2:00—West Virginia Obstetrical and Gynecological Society. Frederick H. Dobbs, M. D., *presiding*. (Mountaineer Room).

Guest Speaker: Douglas M. Haynes, M. D., Louisville. Subject: "Experiences with the Treatment of Recurrent Carcinoma of the Cervix."

2:00—Section on Orthopedic Surgery. Lawrance S. Miller, M. D., *presiding*. (West Virginia Room).

Guest Speaker: Earnest B. Carpenter, M. D., Assistant Professor of Clinical Orthopedic Surgery, Medical College of Virginia, Richmond. Subject: "Selective Surgery in Cerebral Palsy."

2:00—Section on Neurology, Neurosurgery and Psychiatry. C. G. Polan, M. D., *presiding*. (Blue Ridge Room).

Guest Speaker: Edward M. Litin, M. D., Rochester. Subject: "A Concept of Medical Psychiatry."

2:00—West Virginia Radiological Society. Rex Dauphin, M. D., *presiding*. (Allegheny Room).

Business Meeting and presentation of interesting films by members of the Society.

2:00—West Virginia Academy of Ophthalmology and Otolaryngology. William K. Marple, M. D., *presiding*. (Fillmore Room).

Business Meeting.

3:15—West Virginia District Branch, American Psychiatric Association. Thomas S. Knapp, M. D., *presiding*. (Blue Ridge Room).

Guest Speaker: Robert S. Garber, M. D., Belle Mead, New Jersey, Speaker of the Assembly of District Branches of the American Psychiatric Association.

3:30—West Virginia Chapter, American Society of Internal Medicine. George F. Evans, M. D., *presiding.* (Governor's Hall).

Business Meeting.

5:00—Committee on Nominations. John W. Hash, M. D., *presiding.* (Lee Room).

FRIDAY EVENING

10:00—Auxiliary Entertainment and Cabaret Dance. Music by "The Townsmen." (Chesapeake Hall).

SATURDAY MORNING

August 24

8:15—Motion Pictures. John J. Mahood, M. D., in charge. (Governor's Hall).

"Closed Chest Cardiac Resuscitation," and "Thumb Reconstruction by Toe Transfer."

8:30-2:30—Registration, Main Floor Lobby.

Adolescence—The First "Change of Life"

(Governor's Hall)

Moderator: Albert C. Esposito, M. D.

9:15—The Third General Scientific Session will be opened with the showing of a film, "Medical Care for Adolescents," which was produced by the Southern Medical Association in cooperation with Merck Sharp & Dohme, Division of Merck & Co., Inc.

9:45—Edward M. Litin, M. D., Head, Section of Psychiatry, Mayo Clinic, Rochester. Subject: "Emotional Problems of the Adolescent."

10:30—Recess for Visiting Exhibits.

11:00—Alvin B. Hayles, M. D., Consultant, Section of Pediatrics, Mayo Clinic, Rochester. Subject: "Physical and Endocrine Problems of the Adolescent."

11:45—Panel Discussion and Question and Answer Period.

12:15—Recess for Lunch and Visiting Exhibits.

SATURDAY AFTERNOON

1:00—West Virginia Society of Anesthesiologists. Harry S. Weeks, Jr., M. D., *presiding.* (Fillmore Room).

Guest Speaker: Norman W. B. Craythorne, M. D., Morgantown. Subject: "Massive Blood Transfusion."

1:30—West Virginia Association of Pathologists. Wilhelm S. Albrink, M. D., *presiding.* (Jackson Room).

Business Meeting.

3:00—Second and Final Session of the House of Delegates. L. J. Pace, M. D., *presiding.* (Chesapeake Hall).

Introduction of West Virginia's "General Practitioner of the Year."

Introduction of President of Woman's Auxiliary and Honor Guests.

Introduction of Presidents of Neighboring State Medical Associations.

Introduction of Recipients of 1963 Medical Scholarship Awards.

Business Meeting.

Election of Officers.

Installation of Charles L. Goodhand, M. D., of Parkersburg, as President of the West Virginia State Medical Association.

SATURDAY EVENING

6:30-7:30—Cocktail Party and Reception Honoring the Officers of the West Virginia State Medical Association. (Chesapeake Hall Terrace).

CONVENTION SPEAKERS

(Biographical Sketches)

Harold J. Amory, M. D., of Morgantown, Professor and Chairman, Department of Radiology, West Virginia University School of Medicine, was born at Battery Park, Virginia. He was graduated from Randolph Macon College and received his M. D. degree in 1931 from the Medical College of Virginia. Following an internship at St. Vincent's Hospital in Norfolk, Virginia, he entered the Medical Corps of the United States Army in 1932, serving until 1954 when he retired with the rank of Colonel.

Harold J. Amory, M. D.

He served a residency in radiology at Letterman General Hospital in San Francisco, 1939-41, and was Chief of Radiological Service at that Hospital, 1942-43. He later served as commanding officer of the 78th General Hospital and 348th Station Hospital during World War II and was Chief of Radiological Service at Walter Reed Army Hospital in Washington, D. C., and Chief of the Radiological Consultants Division, Office of the Surgeon General, 1946-53.

He is certified by the American Board of Radiology and is a member of the Monongalia County Medical Society, West Virginia State Medical Association and American Medical Association.

Doctor Amory served as Director of Radiological Training for the Medical Corps of the United States Army, 1948-53. After his retirement from the Army, he served as a consultant in radiology for the Miner's Memorial Hospitals until 1960 when he joined the faculty of the WVU School of Medicine.

Convention Timetable

General scientific sessions daily beginning at 9:00 A. M. on Thursday, 9:30 A. M. on Friday and 9:15 A. M. on Saturday.

House of Delegates: First Session, Wednesday evening at 9 o'clock, and Second Session, Saturday afternoon at 3 o'clock.

Scientific and Industrial Exhibits (Exhibit Center): Open from 8:30 A. M. until 5 P. M. on Thursday and Friday, August 22 and 23; and from 8:30 A. M. until 2 P. M. on Saturday, August 24.

Charles E. Andrews, M. D., of Morgantown, Professor of Medicine, West Virginia University School of Medicine, was born in Stratford, Oklahoma. He was graduated from New York University and received his M. D. degree in 1949 from the Boston University School of Medicine.

Charles E. Andrews, M. D.

He interned at the University of Kansas Medical Center, 1949-50, and served residencies at the Witchita VA Hospital and the University of Kansas Medical Center. He served with the United States Army, 1943-46, and was a Captain in the Medical Corps of the United States Air Force, 1951-53.

He served as an Instructor in Medicine at the University of Minnesota, 1955-56, and was Associate Professor of Medicine at the University of Kansas before joining the faculty at the WVU School of Medicine in 1960.

He was certified by the American Board of Internal Medicine in 1957 and is a member of the Monongalia County Medical Society, West Virginia and American Medical Associations, American College of Physicians, American College of Chest Physicians, American Thoracic Society and the American Federation for Clinical Research.

Earnest B. Carpenter, M. D., of Richmond, Assistant Professor of Clinical Orthopedic Surgery, Medical College of Virginia, was born in Birmingham, Alabama, and was graduated from Duke University.

Earnest B. Carpenter, M. D.

He received his M. D. degree in 1943 from the University of Cincinnati School of Medicine and served an internship at Deaconess Hospital in Cincinnati, 1943-44. He served residencies in orthopedic surgery at the Medical College of Virginia Hospitals and at Crippled Children's Hospital, 1946-49. He served as a Major in the Medical Corps of the United States Army, 1943-46.

Doctor Carpenter is engaged in the private practice of his specialty and also serves as Medical Director of the Richmond Cerebral Palsy Center and the MCV Cerebral Palsy Clinic.

He was certified by the American Board of Orthopedic Surgery in 1951 and is a member of the American Academy of Orthopedic Surgeons and the Orthopedic Research and Education Foundation.

Norman W. B. Craythorne, M. D., of Morgantown, Associate Professor of Surgery and Chairman of the Division of Anesthesiology, West Virginia University School of Medicine, was born in Belfast, Ireland. He received his M. D. degree in 1954 from Queen's University in Ireland and served an internship at Belfast City Hospital, 1954-55.

N. W. B. Craythorne, M. D.

He served residencies at Belfast City Hospital, 1955-56, and at the University of Pennsylvania Hospitals, 1957-58. He served as an instructor in anesthesiology at the University of Pennsylvania, 1957-58.

Doctor Craythorne served as a Clinical Assistant at the Royal Victoria Hospital in Montreal, Canada, 1959-60, and as a demonstrator in anesthesia at McGill University, 1960-61. He also served as consultant anesthetist at several hospitals in Montreal.

He joined the faculty of the WVU School of Medicine in 1961 as Associate Professor and Acting Chairman of the Division of Anesthesiology. He was named Chairman of the Division on July 1, 1962.

Richard A. Currie, M. D., of Morgantown, Assistant Professor of Surgery, West Virginia University School of Medicine, was born in Montreal, Canada. He received his M. D. degree in 1948 from the McGill University School of Medicine and served an internship at the Royal Victoria Hospital in Montreal, 1948-49.

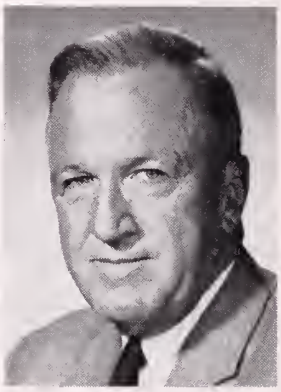
Richard A. Currie, M. D.

He served a residency in surgery at the Massachusetts General Hospital in Boston, 1949-54, and served with the Medical Corps of the United States Army at Fort Gordon, Georgia, 1955-57.

Doctor Currie served as Associate Chief of Surgery at the Beckley Memorial Hospital, 1957-60, and joined the faculty of the WVU School of Medicine on September 1, 1961.

He was certified by the American Board of Surgery in 1954 and is a Fellow of the American College of Surgeons.

Charles A. Doan, M. D., of Columbus, Ohio, Dean Emeritus and Director of the Division of Hematology, Ohio State University College of Medicine, was born in Nelsonville, Ohio. He received his M. D. degree in 1923 from Johns Hopkins University School of Medicine and was associated with the Rockefeller Institute of Medical Research and the Thorndike Memorial Laboratory in Boston, 1924-30.



Charles A. Doan, M. D.

He served as Professor of Medicine and Director of the Department of Medical and Surgical Research at the Ohio State University College of Medicine, 1930-36. He was chairman of the Department of Medicine and Physician-in-Chief at the Starling-Loving University Hospital and St. Francis Hospital, 1936-44.

In 1944, Doctor Doan was named Dean and Professor of Medicine of the Ohio State University College of Medicine.

Doctor Doan is a Diplomate of the American Board of Internal Medicine and a member of the American College of Physicians. He served as Chairman of the Board of Governors of the ACP, 1951-54, and he is an associate editor of *Blood*, The Journal of Hematology.

Doctor Doan received the Distinguished Service Award of the American Medical Association in 1960 and is currently serving as President of the American Society of Hematology.

Alvin B. Hayles, M. D., of Rochester, Minnesota, Consultant in the Section of Pediatrics of the Mayo Clinic, was born in Atmore, Alabama, and was graduated in 1937 from Spring Hill College in Spring Hill, Alabama.

Alvin B. Hayles, M. D.

He received his M. D. degree in 1941 from the Washington University School of Medicine in St. Louis and he served internships at St. Louis City Hospital and the U. S. Naval Hospital at Great Lakes, Illinois. He served with the Medical Corps of the United States Navy during World War II and he held the rank of Lt. Commander at the time of his return to civilian life.

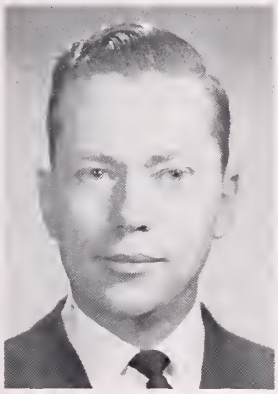
He served as a Fellow in pediatrics at the Mayo Foundation in 1947 and was appointed a first assistant

in pediatrics in 1949. He was certified by the American Board of Pediatrics in 1950 and that same year he entered private practice in Lincoln, Nebraska.

Doctor Hayles was appointed to the staff of the Mayo Clinic in 1952 as a consultant in the Section of Pediatrics. In 1953 he was named an instructor in pediatrics at the Mayo Foundation Graduate School, University of Minnesota, and he was advanced to assistant professor in 1957.

He is currently serving as Chairman of the Committee on Medical Relations and Publications of the Mayo Clinic, and he is a member of the Minnesota State Medical Association, American Medical Association, the American Academy of Pediatrics and the American Endocrine Society.

Douglas M. Haynes, M. D., of Louisville, Professor and Chairman of the Department of Obstetrics and Gynecology, University of Louisville School of Medicine, is a native of New York City. He was graduated from Southern Methodist University and received his M. D. degree in 1946 from Southwestern Medical College.



Douglas M. Haynes, M. D.

Doctor Haynes served an internship at Parkland Hospital in Dallas, Texas, 1946-47, and he served a residency in obstetrics and gynecology at the same hospital, 1949-52.

From 1947 to 1949, Doctor Haynes was an officer in the Medical Corps of the United States Army and served as Chief of Pathology at the 4th Medical Laboratory in Heidelberg, Germany. He was released with the rank of Captain.

He served as Assistant Professor of Obstetrics and Gynecology at the University of Texas Southwestern Medical School, 1952-55, and he joined the faculty of the University of Louisville School of Medicine as Associate Professor of Obstetrics and Gynecology in 1955. He was named Professor and Chairman of the Department in 1957.

He was certified by the American Board of Obstetrics and Gynecology in 1954, and is currently serving as an associate examiner for the Board. He is a member of the Southern Medical Association and American Medical Association, and he was named an honorary member of the West Virginia Obstetrical and Gynecological Society in 1962.

No Convention Registration Fee

No registration fee will be assessed against either members or guests in connection with the 96th Annual Meeting of The West Virginia State Medical Association at The Greenbrier in White Sulphur Springs, August 22-24, 1963.

Edward S. Judd, M. D., of Rochester, Minnesota, Head of a Section of Surgery at the Mayo Clinic, is a native of Rochester and was graduated from Dartmouth College. He attended Harvard Medical School and received his M. D. degree in 1936 from the Rush Medical College of the University of Chicago. He served an internship at the George F. Geisinger Memorial Hospital in Danville, Pennsylvania, 1936-37.

Edward S. Judd, M. D.

He returned to Rochester in 1937 as a Fellow in Surgery at the Mayo Foundation and, in 1940, he received a masters degree in surgery from the University of Minnesota.

Doctor Judd was appointed an assistant surgeon at the Mayo Clinic in 1942 and the following year he became a member of the staff as Head of a Section of Surgery, a position he still occupies. He also serves as Professor of Surgery at the Mayo Foundation Graduate School, University of Minnesota.

From 1943 to 1946 Doctor Judd served as a Major in the Medical Corps of the United States Army assigned to the 237th Station Hospital in the Pacific Theater of Operations. He later was assigned to the 248th General Hospital.

He was certified by the American Board of Surgery in 1943 and is currently serving as President Elect of the Central Surgical Association. He served a term as President of the Minnesota Surgical Society and is a Fellow of the American College of Surgeons. He also is a member of the Minnesota State Medical Association and American Medical Association.

Macy I. Levine, M. D., of Pittsburgh, Clinical Assistant Professor of Medicine, University of Pittsburgh School of Medicine, was born in Johnstown, Pennsylvania. He received his M. D. degree in 1943 from the University of Pittsburgh School of Medicine and served an internship at the University of Pittsburgh Medical Center Hospitals. He served a residency at the VA Hospital in Aspinwall, Pennsylvania, 1947-49, and served as a Fellow in Medicine at the Lahey Clinic in Boston, 1950-51.

Macy I. Levine, M. D.

He served as a Captain in the Medical Corps of the United States Army, 1944-46, and was Assistant Instructor in Anatomy at the University of Pittsburgh School of Medicine, 1946-47.

Doctor Levine, who also serves as Director of Allergy at the Falk Clinic, was certified by the American Board of Internal Medicine in 1958. He is a Fellow of the American College of Physicians, American Academy of Allergy, and a member of the American College of Allergists and New York Academy of Science. He is a past president of the Pittsburgh Allergy Society.

Edward M. Litin, M. D., of Rochester, Minnesota, Head of the Section of Psychiatry of the Mayo Clinic, is a native of Minneapolis and was graduated from the University of Minnesota. He received his M. D. degree in 1945 from the University of Minnesota School of Medicine and served an internship at the University of Utah Hospitals, 1945-46.

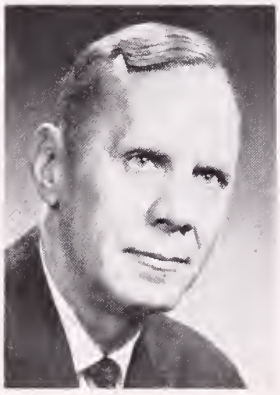
Edward M. Litin, M. D.

He served as a Captain in the Medical Corps of the United States Army, 1946-48. He accepted a fellowship in psychiatry at the Mayo Foundation in 1948 and was appointed a first assistant in psychiatry in 1950, and assistant to the staff of the Mayo Clinic in 1951. He was appointed to the staff of the Mayo Clinic as a consultant in psychiatry in 1952.

He is certified by the American Board of Psychiatry and Neurology and he was named Head of the Section on Psychiatry of the Mayo Clinic on April 1, 1963.

Doctor Litin, who also serves as an instructor in psychiatry in the Mayo Foundation Graduate School, University of Minnesota, has maintained a special interest in child psychiatry and has contributed to the literature in that field.

Dr. Paul A. Miller of Morgantown was appointed the 15th President of West Virginia University on November 5, 1961. He assumed the duties of the office in January, 1962, and was formally inaugurated on April 11, 1962. He was born in East Liverpool, Ohio, but spent the greater part of his early life in West Virginia and is a graduate of Wells High School in Newell.



Dr. Paul A. Miller

He is the first alumnus in nearly half a century to lead the University, having received his B. S. degree in agriculture at WVU in 1939. As an undergraduate he captained the Mountaineer boxing team and was elected to Mountain, the ranking men's honorary.

Following his graduation, he joined the University Extension Service and served as a county agricultural agent in Ritchie and Nicholas Counties before enlisting in the Army Air Corps in 1942. He saw foreign service as a First Lieutenant with the Air Transport Command in South America, North and Central Africa and India.

Doctor Miller enrolled at Michigan State University following his release from active duty at the conclusion of World War II and received his master's degree in sociology and anthropology there in 1947, and a Ph. D. in the same fields in 1953. He joined the Michigan State faculty in 1947 and served successively as assistant professor, associate professor and professor of sociology and anthropology, deputy director of the Cooperative Extension Service, vice president for off-campus education and as provost from 1959 until he assumed his duties in Morgantown.

His professional activities have included service as a staff officer for the Rural Health Panel, President's Commission on Health Needs of the Nation; chairman of the Farm Foundation sponsored project, "An Appraisal of the Community Organizational Aspects of Health Care in the U. S."; chairman of the commission on Extension Scope and Responsibility, Committee on Extension and Policy, Association of Land-Grant Colleges and State Universities; chairman of the Land-Grant Association's Section of Extension; member of the Committee on Institution Cooperation, Big Ten Universities and University of Chicago; chairman of the Joint Commission of Higher Education in Colombia, South America; member of the board, International Voluntary Services, Washington, D. C.; and member of the agricultural technical panel, Latin American Affairs, Office of Science and Technology, the White House.

A. Harvey Neidorff, M. D., of Altoona, Pennsylvania, Chief of Dermatology and Allergy at Mercy Hospital in that city, is a native of New York City and was graduated from the City College of New York.

A. Harvey Neidorff, M. D.

He received his M. D. degree from the University of Vienna and also had three years of postgraduate work in dermatology and allergy at that institution.

He is a Fellow of the American College of Allergists and the American Academy of Allergy, an Associate of the American Academy of Dermatology and a member of the Society of Investigative Dermatology.

Doctor Neidorff, who also serves as Director of the Altoona Allergy and Dermatology Clinic, was awarded the "Von Pirquet Gold Medal" this year for his work in the field of allergy.

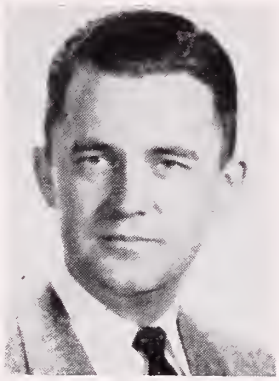
Victor M. Napoli, M. D., of Morgantown, Assistant Professor of Pathology, West Virginia University School of Medicine, was born in Italy. He received his M. D. degree in 1952 from the University of Naples Medical School and served an internship at Cardarelli General Hospital.

Victor M. Napoli, M. D.

He had postgraduate training in hematology and gastroenterology at the University of Pavia in Italy, and then came to the United States where he interned at Fort Sanders Presbyterian Hospital in Knoxville, Tennessee. He served a residency in pathology at the University of Colorado School of Medicine, 1956-60. He was senior fellow in pathology at the University of Western Ontario, Canada, 1960-61, and he joined the faculty of the WVU School of Medicine in July, 1961.

Doctor Napoli is certified by the American Board of Pathology and is the co-author of three publications in the field of hematology. He is now associated with an Army Research Project concerning pulmonary physiopathology.

Alvin L. Watne, M. D., of Morgantown, Associate Professor of Surgery, Chief of the Cancer Committee and Director of the Tumor Clinics, West Virginia University School of Medicine, was born in Dixon, Illinois.



Alvin L. Watne, M. D.

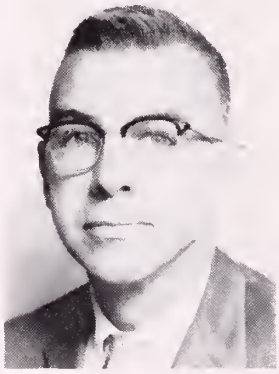
He received his M. D. degree in 1952 from the University of Illinois College of Medicine and served an internship at Indianapolis General Hospital, 1952-53. He served a residency in surgery at the University of Illinois Research and Educational Hospitals, 1954-58.

He served as Chief Cancer Research Surgeon at the Roswell Park Memorial Institute in Buffalo, New York, from 1958 until he joined the faculty of the WVU School of Medicine in October, 1962. He occupies the Charleston Foundation Chair of Cancer Research which is supported by an annual endowment from the foundation established in 1958 by the late Dr. G. B. Capito.

Doctor Watne was certified by the American Board of Surgery in 1959 and he is the author of numerous articles which have appeared in scientific journals.

1963

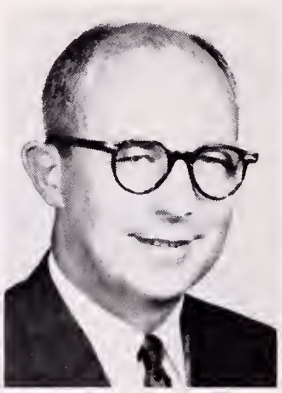
PROGRAM COMMITTEE



Henry F. Warden, Jr., M. D.
Chairman

Albert C. Esposito, M. D.
Huntington

Richard E. Flood, M. D.
Weirton



Maynard P. Pride, M. D.
Morgantown

DELEGATES AND ALTERNATES

B-R-T (3)—Delegates, G. E. Hartle, Philippi; Charles L. Leonard, Elkins; and A. Kyle Bush, Philippi. Alternates, Cora C. Lenox, Philippi; Homer D. Martin, Dailey; and Raymond W. Cronlund, Philippi.

BOONE (2)—Delegates, W. V. Wilkerson, Whitesville; and Harold H. Howell, Madison. Alternates, O. D. MacCallum and James M. Scott, Madison.

BROOKE (2)—Delegates, H. L. Hegner and W. T. Booher, Jr., Wellsburg. Alternates, J. P. McMullen, Wellsburg; and Ralph McGraw, Follansbee.

CABELL (8)—Delegates, I. Ewen Taylor, A. C. Esposito, Harold N. Kagan, Thomas G. Folsom and C. Stafford Clay, Huntington; W. D. Bourn, Barboursville; and D. Sheffer Clark and W. L. Neal, Huntington. Alternates, Jack Leckie, Francis L. Coffey, Joseph E. Ricketts, F. C. Hodges, John F. Otto, Jr., Roy A. Edwards, Jr., Sarah L. C. Stevens and James A. Heckman, Huntington.

CENTRAL WEST VIRGINIA (3)—Delegates, J. C. Huffman, Buckhannon; John E. Echols, Richwood; and R. L. Chamberlain, Buckhannon. Alternates, C. R. Davisson, Weston; George T. Hoylman, Gassaway; and Edward H. Hunter, Richwood.

EASTERN PANHANDLE (3)—Delegates, Leo H. T. Bernstein and L. Walter Fix, Martinsburg; and S. Elizabeth McFetridge, Shepherdstown. Alternates, N. B. Groves and C. Vincent Townsend, Martinsburg; and Halvard Wanger, Shepherdstown.

FAYETTE (3)—Delegates, D. Alene Blake and Joe N. Jarrett, Oak Hill; and W. P. Bittinger, Summerlee. Alternates, Ivan H. Bush, Jr., Oak Hill; and Thomas Kerr Laird and Chuan H. Lee, Montgomery.

GREENBRIER VALLEY (3)—Delegates, Arnold J. Brody and Don F. Shreve, White Sulphur Springs; and Robert G. Shirey, Lewisburg. Alternates, Eugene J. Morhous, White Sulphur Springs; A. G. Lanham, Ronceverte; George L. Lemon, Lewisburg; and George H. Guy, Union.

HANCOCK (3)—Delegates, David H. Williams, Weirton; David S. Pugh, Chester; and Richard E. Flood, Weirton. Alternates, Irwin M. Bogarad and E. M. Clubb, Jr., Weirton.

HARRISON (4)—Delegates, J. D. H. Wilson, L. Dale Simmons, A. Robert Marks and Richard K. Hanifan, Clarksburg. Alternates, Harry T. Linger, Charles S. Harrison, J. Keith Pickens and Paul E. Gordon, Clarksburg.

KANAWHA (13)—George R. Callender, Jr., Carrel M. Caudill, Arthur C. Chandler, Donald R. Gilbert and James H. Getzen, Charleston; Ralph J. Holloway, South Charleston; and Milton J. Lilly, Jr., Pat A Tuckwiller, Kenneth G. MacDonald, William E. Lawton, Jr., Grover B. Swoyer, Edwin M. Shepherd and Carl B. Hall, Charleston. Alternates, John G. Zekan, Charleston; Richard C. Wallace, St. Albans; and Victor S. Skaff, G. A. Shawkey, Page H. Seekford, Thomas G. Potterfield, Morris H. O'Dell, Theodore P. Mantz, James W. Lane, Charleston; Edward Jackson, St. Albans; and Peter A. Haley, George L. Grubb and A. B. Curry Ellison, Charleston.

LOGAN (3)—Delegates, Lyle H. Boyea, Man; Everett H. Starcher, Logan; and Thomas P. Long, Man. Alternates, Dana T. Moore, Omar; and Erwin R. Chillag, Holden.

MARION (3)—Delegates, Rupert W. Powell, Fairmont; Robert R. Fryc, Mannington; and G. Thomas Evans, Fairmont. Alternates, Joseph T. Mallamo, Jack C. Morgan and Louis E. Baron, Fairmont.

MARSHALL (2)—Delegates, William Paul Bradford and David L. Ealy, Moundsville. Alternates, David E. Yoho and J. W. Myers, Moundsville.

MASON (2)—Delegates, Richard L. Slack and Carl W. Thompson, Pt. Pleasant. Alternates, C. Leonard Brown and J. Berrye Worsham, Pt. Pleasant.

McDOWELL (3)—Delegates, David J. Skewes, Coalwood; and A. J. Villani and J. Hunter Smith, Welch. Alternates, Freeman L. Johnston, Kenneth N. Byrne and Richard O. Gale, Welch.

MERCER (4)—Delegates, Charles M. Scott, Upshur Higginbotham, Wade H. St. Clair, Jr., and J. Brookins Taylor, Bluefield.

MINGO (2)—Delegates, John Carl Lawson and Russell A. Salton, Williamson. Alternates, Paul A. Keeney and Robert J. Tchou, Williamson.

MONONGALIA (4)—Delegates, George A. Curry, French R. Miller, Robert J. Fleming and W. Gene Klingberg, Morgantown. Alternates, C. A. Logue, W. E. King, C. Truman Thompson and Maynard P. Pride, Morgantown.

OHIO (6)—Delegates, Joseph L. Curry, Stephen D. Ward, Earl S. Phillips, Herbert G. Dickie, Jr., and Robert J. Reed, III, Wheeling. Alternates, A. S. Daniel, Thomas L. Thomas, Bradford McCuskey, M. D. Reiter and John H. Murphy, Wheeling.

PARKERSBURG ACADEMY (5)—Delegates, Charles H. Barnett, Robert M. Biddle, F. Perry Greene, Jr., Charles W. Thacker and Lyle D. Vincent, Parkersburg. Alternates, Martha Jane Coyner, Harrisville; and S. William Goff, William E. Gilmore, A. C. Woofter and John H. Gile, Parkersburg.

POTOMAC VALLEY (3)—Delegates, Harry F. Coffman, Keyser; Vernon L. Dyer, Petersburg; and Robert W. McCoy, Jr., Keyser. Alternates, Frederick Moomau, Petersburg; Charles J. Sites, Franklin; and M. F. Townsend, Petersburg.

PRESTON (2)—Delegates, Jerome C. Arnett, Rowlesburg; and John W. Trenton, Kingwood. Alter-

nates, Del Roy R. Davis and William H. Harriman, Kingwood.

RALEIGH (4)—Delegates, Warren D. Elliott, Preston C. Davis, Richard G. Starr and J. A. Vermeeren, Beckley. Alternate, Grover C. Hedrick, Jr., Beckley.

SUMMERS (2)—Delegates, James William Stokes and Buford W. McNeer, Hinton. Alternates, Davis W. Ritter and Jack D. Woodrum, Hinton.

TAYLOR (2)—Delegates, Paul P. Warden and Herbert N. Shanes, Grafton.

WETZEL (2)—Delegates, Charles P. Watson and Lemoyne Coffield, New Martinsville. Alternates, Kent M. Hornbrook and John O. Theiss, New Martinsville.

WYOMING (2)—Delegates, Ross E. Newman and Ward Wylie, Mullens. Alternates, George F. Fordham and Frank J. Zsoldos, Mullens.

Reception Committee

James S. Klumpp, *Chairman*

John W. Hash
C. R. Davisson
Pat A. Tuckwiller
Bert Bradford, Jr.

Grover C. Hedrick, Jr.
Thomas S. Knapp
E. L. Crumpacker
Warren D. Leslie

Bernard Zimmermann
William E. Irons
Francis L. Coffey
Maynard P. Pride

W. Gene Klingberg
Thomas G. Folsom
Hu C. Myers
Chauncey B. Wright

Charles M. Scott
G. L. Todd, Jr.
Clark K. Sleeth
Arnold J. Brody

W. Hampton St. Clair, Jr.
Rex Dauphin
Karl J. Myers
Robert W. Neilson

Edmund B. Flink
Upshur Higginbotham
W. A. Thornhill, Jr.
Frederick H. Dobbs

Peter Ladewig
J. Evan Sadler
Ralph H. Nestmann
William L. Cooke

A. J. Villani
Nicholas W. Fugo
Warren D. Elliott
C. G. Polan
William B. Rossman

Jack C. Morgan
Kenneth G. MacDonald
Harry S. Weeks, Jr.
Newman H. Newhouse
W. H. Rardin

Official Program
WOMAN'S AUXILIARY
to the

West Virginia State Medical Association
39th Annual Meeting

The Greenbrier
White Sulphur Springs
August 22-24, 1963

WEDNESDAY
August 21

4:00 P. M.—Pre-Convention Board Meeting (Pierce Room). Mrs. Howard G. Weiler, President, *presiding.*

9:00 P. M.—First Session of the House of Delegates, State Medical Association. (Chesapeake Hall).

Annual Address by the President, L. J. Pace, M. D., Princeton. Auxiliary members are invited and urged to attend.

THURSDAY MORNING
August 22

9:00—Formal Opening of the 96th Annual Meeting of the West Virginia State Medical Association.

Address by Dr. Paul A. Miller, President of West Virginia University.

All Auxiliary members are invited to attend. (Governor's Hall).

9:45—Formal Opening of the Convention, Mrs. Howard G. Weiler, President, *presiding.* (Mountaineer Room).

Invocation and Pledge of Loyalty, Mrs. Vernon L. Dyer.

Introduction of Honor Guests.

Introduction of Convention Chairmen, Mrs. W. E. Ackermann and Mrs. Chesterfield J. Holley.

Roll Call of Delegates, Mrs. J. A. B. Holt.

Convention Rules of Order, Mrs. James E. Spargo, Parliamentarian.

Treasurer's Report, Mrs. Grover C. Hedrick, Jr.

In Memoriam, Mrs. Robert R. Pittman.

Credentials and Registration, Mrs. Chesterfield J. Holley.

Keynote Address—Mrs. C. Rodney Stoltz, President, Woman's Auxiliary to the American Medical Association.

Recommendations from Pre-Convention Board Meeting, Mrs. Howard G. Weiler.

New Business and Announcements.

Report of Revisions Committee, Mrs. William A. Thornhill, Jr.

Reports of Nominating Committee, First Reading, Mrs. Paul P. Warden.

Election of 1964 Nominating Committee.

Reports of Officers:

President—Mrs. Howard G. Weiler.

President-Elect—Mrs. Pat A. Tuckwiller.

First Vice-President—Mrs. L. Dale Simmons.

Second Vice-President—Mrs. A. J. Villani.

Third Vice-President—Mrs. Andrew J. Weaver.

Fourth Vice-President—Mrs. W. V. Wilkerson.

Treasurer—Mrs. Grover C. Hedrick, Jr.

Recording Secretary—Mrs. John A. B. Holt.

Corresponding Secretary—Mrs. Chesterfield J. Holley.

Parliamentarian—Mrs. James E. Spargo.

Reports of Standing Committees:

AMA-ERF—Mrs. Robert T. Bandi.

Archives and History—Mrs. D. E. Greeneltch.

By-Laws and Handbook—Mrs. William A. Thornhill, Jr.

Civil Defense and Safety—Mrs. Herbert N. Shanes.

Community Service—Mrs. E. M. Clubb, Jr

Convention—Mrs. W. E. Ackermann and Mrs. Chesterfield J. Holley.

Editor, State News Bulletin—Mrs. Robert O. Strauch.

Circulation Manager—Mrs. David W. Palmer.

Finance—Mrs. H. E. Beard.

Health Careers—Mrs. C. L. Terlizzi.

Legislation—Mrs. George A. Curry.

Members-at-Large—Mrs. Hu C. Myers.

Mental Health—Mrs. A. C. Chandler.

National Bulletin—Mrs. John H. Trotter.

Necrology—Mrs. Robert R. Pittman.

Nutrition and Rural Health—Mrs. Lynwood D. Zinn.

Press and Publicity—Mrs. Francis J. Gaydosh.

Program—Mrs. William R. Rice.

Resolutions—Mrs. J. C. Huffman.

Southern Medical Councilor—Mrs. Vernon L. Dyer.

Presentation of County Presidents:

Boone—Mrs. Harold H. Howell.

Cabell—Mrs. Wilson P. Smith.

Central West Virginia—Mrs. Harold D. Almond.

Eastern Panhandle—Mrs. F. A. Hamilton, Jr.

Fayette—Mrs. Joe N. Jarrett.

Greenbrier—Mrs. Stuart T. Bray.

Hancock—Mrs. E. M. Clubb, Jr.

Harrison—Mrs. Charles S. Harrison.

Kanawha—Mrs. J. Dennis Kugel.

Logan—Mrs. H. W. Rannels.

Marion—Mrs. Paul S. Gotses.

McDowell—Mrs. G. L. Fischer.

Mercer—Mrs. Frederic C. Goodall.

Mingo—Mrs. Frank J. Burian.

Monongalia—Mrs. Harold G. Young.

Ohio—Mrs. Harry S. Weeks, Jr.

Potomac Valley—Mrs. Lysle T. Veach.

Preston—Mrs. William Harriman.

Raleigh—Mrs. Richard G. Starr.

Taylor—Mrs. Herbert N. Shanes.

Wood—Mrs. L. R. Leeson.

Wyoming—Mrs. R. C. Hatfield.

THURSDAY AFTERNOON

12:30—Luncheon and Fashion Show by Alanson's of The Greenbrier (The Crystal Room).

Visit the Exhibits. Center open until 5 o'clock.

THURSDAY EVENING

9:00—WESPAC Meeting. Frank J. Holroyd, M. D., *presiding*. (West Virginia Room).

Speaker: Edward M. Donelan, Field Representative, American Medical Political Action Committee.

FRIDAY MORNING

August 23

8:00—Past President's Breakfast, Mrs. Vernon L. Dyer, Immediate Past President, *presiding*. (Director's Room).

9:30—Second General Session, Mrs. Howard G. Weiler, President, *presiding*. (Mountaineer Room).

Invocation and Pledge of Loyalty, Mrs. Clark K. Sleeth.

Introduction of Honor Guests.

Roll Call, Mrs. John A. B. Holt.

Report of Reading Committee, Mrs. Andrew J. Weaver.

Convention Announcements, Mrs. W. E. Ackermann.

Report of Woman's Auxiliary to the Student American Medical Association.

Reports of Convention Committees:

Finance—Mrs. Harry E. Beard.

Courtesy Resolutions—Mrs. A. C. Chandler.

Credentials and Registration—Mrs. Chesterfield J. Holley.

Press and Publicity—Mrs. Francis J. Gaydosh.

Report of Nominating Committee—Mrs. Paul P. Warden, Chairman.

Election of Officers.

Installation of Officers, Mrs. C. Rodney Stoltz, President of the Woman's Auxiliary to the American Medical Association.

Presentation of President's Pin and Gavel, Mrs. Howard G. Weiler.

Presentation of Past President's Pin, Mrs. Vernon L. Dyer.

Inaugural Address—Mrs. Pat A. Tuckwiller.

FRIDAY AFTERNOON

2:30-5:00—Bridge Party in the Trellis Lobby. Golf Tournament, Mrs. W. E. Ackermann, Chairman.

10:00 P.M.-1:00 A.M.—Cabaret Dance. (Chesapeake Hall).

SATURDAY MORNING

August 24

10:00—Post-Convention Conference and Board Meeting. Mrs. Pat A. Tuckwiller, President, *presiding*. (Mountaineer Room).

SATURDAY AFTERNOON

3:00—Second and Final Session of the House of Delegates. (Chesapeake Hall).

All Auxiliary members are invited and urged to attend both sessions of the House of Delegates.

SATURDAY EVENING

6:30-7:30—Cocktail Party and Reception Honoring the Officers of the West Virginia State Medical Association. (Chesapeake Hall Terrace).

SCIENTIFIC EXHIBITS

(Exhibit Center)

AMERICAN CANCER SOCIETY W. VA. DIVISION, INC.

"Smoking and Lung Cancer."—A new exhibit which brings up to date the statistical data from the American Cancer Society Smoking Study on the relationship between smoking and lung cancer by Drs. Hammond and Horn which appeared in the March 8 and 15, 1958, Journal of the American Medical Association. Lung cancer rates are depicted in graphic as well as numerical (rates per 100,000, age-adjusted) form. Death rates for Cancer of the Larynx, Pharynx, Esophagus, Mouth, Tongue and Lip are depicted in the same form. Also depicted are some general findings from this study of 187,783 white males, aged 50-69 who were questioned about their smoking habits in 1952 and then traced for 44 months. These findings are in chart form.

John H. Yeatts, Executive Director.

CARCINOMA OF THE LUNG: RADIOLOGICAL AND PATHOLOGICAL CORRELATION

Certain radiological changes produced by carcinoma of the lung are demonstrated by conventional and special x-ray procedures including bronchography and laminagraphy will be shown. In selected cases the gross and microscopic specimens will be demonstrated and correlated with the radiographs. Frequency of occurrence of carcinoma of the lung in the various locations will be shown.

Harold I. Amory, M. D., Victor M. Napoli, M. D., and George W. Butz, Jr., M. D.

COHESIVE SUTURING

This exhibit shows a new method which is being developed to unite severed tissues by cohesive sutures using a liquid plastic adhesive. The plastic polymerizes and bonds the suture to the protein with which it comes in contact. Many phases of the experiments have facilitated the elimination of knots. The technique has successfully repaired tendon, muscle, etc., of laboratory animals.

Hu C. Myers, M. D.

THE DISABILITY DECISION

This illuminated exhibit, through brief messages and pictures, explains the physician's role in providing medical evidence for patients who apply for social security disability benefits. It shows the information needed in the medical report which is used by other doctors in deciding whether or not the patient is "disabled" under the terms of the social security law. This exhibit was prepared by the U. S. Department of Health, Education and Welfare and the Social Security Administration.

DIVISION OF VOCATIONAL REHABILITATION

This table-model exhibit is in two parts. One panel employs color illustrations and brief descriptive material to explain the various steps involved in restoring disabled West Virginians to gainful employment. The other panel—entitled "Five Record-Smashing Years"—presents a statistical summary of the Division's accomplishments between fiscal 1958 and 1962. This panel also utilizes supporting color illustrations. All of the art work for this exhibit was done by a disabled client enrolled in drafting at the West Virginia Rehabilitation Center.

F. Ray Power, Director.

THE NATIONAL FOUNDATION

"Chemistry, Chromosomes and Congenital Anomalies"—This exhibit presents by means of models, diagrams and pictures the suggested relationship between deoxyribonucleic acid in chromosomes, as inferred from bacterial genetics, and the relationship between abnormal chromosome patterns and congenital anomalies.

Representatives: T. Sterling Evans, Sr., and John C. Stepp.

WEST VIRGINIA ASSOCIATION OF MEDICAL ASSISTANTS

Members of the Association will distribute literature concerning the objectives of the organization.

WEST VIRGINIA HEART ASSOCIATION

This exhibit is designed to enable physicians to test their ability to diagnose heart disease from case histories illustrated by x-rays and electrocardiograms. It illustrates two separate medical cases with three x-rays each and a set of electrocardiograms. These are correlated with two written case histories. Average time for taking the test on both medical cases will not exceed ten minutes. In exchange for a carbon copy of his (anonymous) answer sheet, each physician taking part will receive a set of correct answers and a copy of the case histories.

Robert M. Simons, Executive Director.

WEST VIRGINIA ASSOCIATION FOR MENTAL HEALTH

W. VA. STATE DEPARTMENT OF HEALTH

This exhibit consists of two panels having illuminated colored transparencies with overlays depicting services of the State Department of Health to practicing physicians and citizens of West Virginia.

N. H. Dyer, M. D., M. P. H., Director.

W. VA SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC.

The artistic talents of crippled children from all parts of the United States make up the exhibit of the West Virginia Society for Crippled Children and Adults. Artwork ranging from primitive to abstract was selected by the National Society for Crippled Children and Adults from more than 250 entries submitted by crippled children from 3½ to 18 years of age Included are crayon, oils and water colors, and studies developed through the use of colored yarns, sand, buttons and sea shells. Many of the artists developed their ideas and art during craft sessions at summer camps and at treatment centers maintained by Easter Seal Societies.

Mrs. Jean Harper, Field Representative.

WEST VIRGINIA TUBERCULOSIS AND HEALTH ASSOCIATION

Cough! Short of Breath!—The differential diagnosis of chronic lung disease is the theme of this exhibit which shows the methods used systematically in the differential diagnosis of three patients who have come in with the same complaints—persistent cough and dyspnea on exertion. On each of three panels there is a photo of the patient, a brief history, his chest x-ray film, physical signs, laboratory findings and pulmonary function data. The observer will be given the actual diagnosis in each case after he has had time to make his own diagnosis based upon the information given.

Thomas A. Deveny, Jr., Executive Director.

West Virginia Wing at The Greenbrier

INDUSTRIAL EXHIBITS

(Exhibit Center)

ABBOTT LABORATORIES
North Chicago, Illinois

Booth 7

Abbott Laboratories invites you to visit our exhibit. Our representative will be happy to answer any questions you may have concerning our leading products and new developments.

AYERST LABORATORIES
Arlington, Virginia

Booth 30

You are cordially invited to visit Ayerst Laboratories Booth 30 exhibit which will feature Grisactin, micro-sized form of Griseofulvin, and Dermoplast aerosol spray. Grisactin is highly effective in various tinea infections, even those of a severe and chronic nature, and of long duration. Dermoplast promptly relieves surface pain and itching and maintains prolonged pain relief.

Representatives: G. Ward Forgy, Charles Price and Sam May.

THE BAKER LABORATORIES, INC.
Cleveland, Ohio

Booth 2

You are invited to visit our booth where Baker's Modified Milk and Varamel, two successful products for infant feeding, are on display. Baker representatives will be glad to discuss the benefits of Baker Milk products which provide all the normal dietary requirements plus a reserve for stress situations.

Representatives: M. T. Jones and J. E. Belcher.

BURROUGHS WELLCOME & CO. (U. S. A.) INC.
Tuckahoe, New York

Booth 20

You are cordially invited to visit Burroughs Wellcome & Co. (U.S.A.) Inc., Booth 20 for the latest information on our products and the newest developments from extensive research facilities of Burroughs Wellcome & Co. Of particular interest at this meeting are 'Neosporin' and 'Cortisporin' Creams for topical infections, 'Actifed' for respiratory decongestion, and 'Cardilate' for angina.

Representatives: E. E. Miller and R. D. Dawson.

CARNATION COMPANY
Los Angeles, California

Booth 23

Carnation Company cordially invites you to visit Booth 23, where Medical Representatives will be pleased to welcome members and guests of the West Virginia State Medical Association. Recent literature and information regarding Carnation Evaporated, Carnation Instant Non-Fat and Carnalac are available. Any question pertaining to our physician-researched material for use in your practice or hospital will be cheerfully discussed.

CIBA PHARMACEUTICAL PRODUCTS, INC.
Summit, New Jersey

Booth 8

The Ciba booth features Ritalin® hydrochloride (Methylphenidate hydrochloride CIBA). Ritalin® is a gentle stimulant and antidepressant which restores physical and mental activities to normal or near-normal levels. It has no adverse effect on blood, urine, liver or kidney function; it rarely affects appetite, blood pressure or pulse rate.

Representatives: Charles W. Brooks, Jr., and Ronald J. Topper.

THE COCA-COLA COMPANY
Atlanta, Georgia

Booth 43

Ice-cold Coca-Cola served through the courtesy and cooperation of the Ronceverte Coca-Cola Bottling Works, and the Coca-Cola Company.

DOME CHEMICALS, INC.
New York City

Booth 29

Dome Chemicals, Incorporated, world leader in dermatologicals, will feature dermatological specialities that are of general interest to the members of the West Virginia State Medical Association. Topical steroid products such as Cort-Dome®, Neo-Cort-Dome®, Domeform-HC® and Cor-Tar-Quin™, will be presented. The new sterile Otic products, such as Otic Domeboro®, Otic Neo-Cort-Dome® and Otic Lidaform™ will be presented. Our representative will be available to discuss with you several products recently released from the research laboratories of Dome Chemicals.

Representative: Bill Pugh.

GEIGY PHARMACEUTICALS
Yonkers, New York

Booth 16

Geigy cordially invites members and guests of the Association to visit its exhibit. The exhibit features important new therapeutic developments in the management of inflammation, as well as current concepts in the control of hypertension and edema, depression, obesity, and other disorders, which may be discussed with physicians and representatives in attendance.

Representatives: John Bushkar and Paul Hatfield.

HOSPITAL & PHYSICIANS SUPPLY COMPANY
Charleston, West Virginia

Booth 46

You are cordially invited to visit our booth located in space number 46. Our exhibit will consist of the latest in Burdick new Dual-Speed Electrocardiograph, new diagnostic instruments by Welch-Allyn, Castle autoclaves, and all types of emergency resuscitation equipment. We sincerely thank you for your patronage this past year, and shall look forward to visiting with you again.

Representatives: Robert E. Lee Frazier, Robert K. Thacker and Gordon H. Davis.

ELI LILLY AND COMPANY
Indianapolis, Indiana

Booth 44

You are cordially invited to visit the Lilly exhibit in space number 44. The Lilly sales representatives in attendance welcome your questions about Lilly products and offer you precise information about recent therapeutic developments of Lilly research. The exhibit features the latest developments concerning Cordran®, Flurandrenolone, Novrad® and Levopropoxyphene.

Representatives: G. D. Sieve and A. D. Massaro, Jr.

THE S. E. MASSENGILL COMPANY
Bristol, Tennessee

Booth 19

Best wishes from Massengill to the West Virginia State Medical Association for a most successful meeting. Our representatives will welcome the opportunity to discuss products of interest to you. On display will be several Massengill specialty preparations, and literature will be available, should you desire it.

Representatives: L. M. Cobb, Jr., and Robert Kosnoski.

MEAD JOHNSON LABORATORIES
Evansville, Indiana

Booth 21

The Mead Johnson Laboratories' exhibit has been arranged to give you the optimum in quick service and product information. To make your visit productive, specially trained representatives will be on duty to tell you about their products.

Representatives: James F. Pyles and Rex H. Windham.

MEDICAL ARTS SUPPLY COMPANY
Huntington, West Virginia

Booth 42

You are cordially invited to visit us at our booth. Our representatives will be pleased to have the opportunity to show and discuss with you the latest developments in physio-therapy, diagnostic and examining room equipment, surgical instruments, laboratory supplies and pharmaceuticals.

Representatives: Paul Burk and Roy Childers.

MERCK SHARP & DOHME
West Point, Pennsylvania

Booth 13

The theme of the Merck Sharp & Dohme exhibit is "Service to Medicine." One phase features the details of the Merck Sharp & Dohme Postgraduate Program. Another feature includes information on teaching films for use by the profession and, also, lay films that can be utilized to portray the story of medicine to the lay public. The exhibit is concluded with a display of Finger-tip files on selected Merck Sharp & Dohme products.

Representatives: M. S. Robertson and Jarvis E. Payne.

MEDICAL CASE HISTORY BUREAU
New York City

Booth 5

A few minutes spent at this booth may prove of real value in simplifying and modernizing your office routine. Efficient history record charts, diagnostic cross indexing of interesting cases, bookkeeping cards, as well as steel filing equipment, will be on display. The Info-Dex Cancer and Heart Registry systems also will be demonstrated. These systems can be operated with a minimum of clerical work and incorporates information in one file.

ORTHO PHARMACEUTICAL CORPORATION
Raritan, New Jersey

Booth 28

Welcome to Booth 28 where Ortho is proud to present a complete line of products for the control of conception. Featured will be Ortho-Novum tablets, the new oral product specifically designed for contraception. Your questions concerning these and our other well-known products will be welcomed.

Representatives: Robert B. Taft, Troy D. Sutler and Richard L. Johnston.

PFIZER LABORATORIES
New York City

Booth 15

Professional Service Representatives from Pfizer Laboratories will be pleased to have you in attendance at their booth to discuss the latest products of Pfizer research.

WM. P. POYTHRESS & COMPANY, INC.
Richmond, Virginia

Booth 3

Mudrane, established Poythress combination for relief of bronchial asthma, and its new companion product, Mudrane GG, will be featured at the Poythress exhibit in Booth 3. Trocinate, distinctive direct-acting antispasmodic; Synirin, Solfoton; Solfoserpine; and Panalgesic also will be exhibited. Your requests for descriptive literature, reprints and professional trial quantities are cordially invited.

Representative: Benjamin B. Kelly.

ROCHE LABORATORIES
Nutley, New Jersey

Booth 31

E. R. SQUIBB & SONS
New York City

Booth 27

E. R. Squibb & Sons has long been a leader in development of new therapeutic agents for prevention and treatment of disease. The results of our diligent research are available to the Medical Profession in new products or improvements in products already marketed. At booth 27 we will be pleased to present up-to-date information on these advances for your consideration.

SANDOZ PHARMACEUTICALS
Hanover, New Jersey

Booth 12

Sandoz Pharmaceuticals cordially invites you to visit our display at Booth 12, where we are featuring Sansert, Mellaril, Cafergot P-B and Bellergal. Any of our representatives in attendance will gladly answer questions about these and other Sandoz products.

Representative: Danny D. Williams.

W. B. SAUNDERS COMPANY
Philadelphia, Pennsylvania

Booth 45

New Saunders' books Hugh McGinn will have at his booth include: Current Therapy 1963; Cecil-Loeb's Textbook of Medicine, revised by Drs. Beeson and McDermott; Bockus: Gastroenterology; Anson: Anatomy; Nadas: Pediatric Cardiology; Hinshaw and Garland: Diseases of the Chest; and Graham: Cytologic Diagnosis of Cancer.

Representative: Hugh J. McGinn.

SCHERING CORPORATION
Bloomfield, New Jersey

Booth 22

You are cordially invited to visit the Schering exhibit where the following products will be featured: Chlor-Trimeton®, unsurpassed antihistamine; Celestone®, most active corticosteroid available; Meti-Derm®, topical corticosteroid of proved efficacy; Fulvicin-u/f®, the new form of the oral antibiotic, Fulvicin, that halves the dosage requirement in most cases of ringworm; and Trilafon®, the tranquilizer and antiemetic of unexcelled efficacy.

Representatives: Jack Rogers, Robert Link and John Carpenter.

JULIUS SCHMID, INC.
New York City

Booth 11

An interesting and informative exhibit featuring Immolin Vaginal Cream-Jel for use without a diaphragm, Ramses Flexible Cushioned and Bendex Diaphragms; Ramses Vaginal Jelly; Vagisec Liquid and Vagisec Plus Jelly and Suppositories for vaginal trichomoniasis therapy; and XXXX (Fourex) Skin Condoms, Ramses, Sheik and Sheik Lubricated Rubber Condoms for the control of trichomonal reinfection.

Representatives: Harry Dodt and William Miller.

STATE MEDICAL ASSOCIATION'S GROUP DISABILITY INSURANCE PROGRAM

Booth 32

The administrator of the Group Disability Insurance Program will provide a brochure describing the plan of the West Virginia State Medical Association's Group Health and Accident and Office Overhead Expense Insurance Programs to visitors at the booth. The fundamental advantage of the group insurance plan is service here in West Virginia. This is an opportunity to meet the administrator—he is the man who will pay your claim.

Representatives: J. Banks Shepherd and A. B. Daniel.

THE STUART COMPANY
Pasadena, California

Booth 26

A cordial invitation is extended to all members and guests attending this meeting to visit the Stuart Company booth. Specially trained representatives will be in attendance to answer your questions on new products, developed in our modern laboratories, which have particular interest for the medical profession. Products featured are Mylanta, Stuart Prenatal, Stuart Prenatal-F, Mulvidren-F and Cari-Tab.

Representative: Barry R. Smith.

U. S. VITAMIN & PHARMACEUTICAL CORP.
New York City

Booth 25

D B I—"broad-range" oral hypoglycemic agent, DBI, brand of phenformin is distinctly different in chemical structure and physiologic action from the oral hypoglycemic sulfonylureas. It effectively lowers blood sugar and eliminates glycosuria in mild, moderate and severe diabetes. DBI, in combination with insulin, improves regulation of "brittle" adult and juvenile diabetes. In juvenile diabetes, DBI often permits up to 50 per cent reduction in insulin requirement. Also effective in the insulin-resistant, and in primary and secondary tolbutamide and chlorpropamide failures.

Representatives: R. Wallis Everitt and John A. McGraw, Jr.

WARNER-CHILCOTT LABORATORIES
Morris Plains, New Jersey

Booth 47

You are cordially invited to visit the Warner-Chilcott Laboratories exhibit which will feature Gelusil® and Mandelamine®.

Representatives: Carmen D. Polino and Earl L. Burg.

Visit the Exhibits!

Plan to spend several hours in the Exhibit Center visiting the Industrial and Scientific Exhibits. They form an integral part of the overall program and this is your opportunity to discuss with trained professional service representatives the new products and therapeutic developments.

Pharmaceutical houses spend millions of dollars annually in medical research. The trained medical representatives who will be in attendance at the meeting are interested in disseminating information about the new drugs and advanced techniques to practicing physicians.

Please take this opportunity to visit every booth and express your appreciation to our exhibitors for their continued cooperation and support.

ANNUAL REPORTS

Committee on Aging

A meeting of the Committee on Aging was called to order at the Daniel Boone Hotel in Charleston on April 7, 1963. The Chairman and three other members only were present for this meeting, plus Mr. Jerry Gould of Charleston, Executive Assistant of the State Medical Association. Members of the Committee present were: Dr. E. Lyle Gage of Bluefield, Chairman; Drs. Thomas H. Blake of St. Albans, Ray E. Burger of Welch and Sam Milchin of Bluefield, Virginia.

The members of the Committee present discussed at length the problems of aging and their allied implications as well as the needs in our State. Recommendations were as follows:

1. That all members of the Council and all physicians in West Virginia read and consider a new AMA publication, "A New Concept of Aging."

2. That each component society appoint a Committee on Aging which would also serve as a speaker's bureau in the field of aging.

3. That physicians and providers of drugs make every effort to ease the burden of cost of medical care and drugs to the independent low-income group.

4. Full implementation and financing of the Medical Assistance to the Aged (MAA) program and further that requirements for excessive monthly prescription writing be investigated. (It was felt this caused unnecessary expense and travel for MAA clients).

5. That more home rehabilitation and nursing programs for the indigent aged be encouraged within West Virginia.

6. That employers in general be encouraged to retain those workers who are willing and able to work well whether their age be 60, 70, or 90.

7. This Committee believes that there still is a very great threat of socialization through the "backdoor" of the legislative halls in the name of the aged. It urges both the Council and members of the State Medical Association to have constant vigilance and to offer open and vigorous resistance to such efforts.

Members of the Committee have taken an active part in "Operation Hometown" which has been organized under the auspices of the AMA.

Respectfully submitted,

E. Lyle Gage, M. D.,
Chairman.

Bluefield,
June 28, 1963.

AMA-ERF Committee

As Chairman, I shall make this report and hope for the approval from other members of the Committee. There has been no meeting of the AMA-ERF Committee, nor is there need. It would be useless to hope to have the fifteen members assemble at one locale from all areas of the State, when there is no modus operandi to be agreed upon. But it is up to each Committee member to exert influence in his particular community according to his personal ability and his personal knowledge of his fellow citizenry, in order to get contributions. Since the record shows increases, I am grateful to each for his effort. May it continue.

Early this year, a circular letter went to each member, urging him to be a solicitor on all occasions and to all people. Although I have had no direct response, the indirect report speaks well. So it is assured that the Committee is a functioning one.

The AMA-ERF Chairman last presented a report at White Sulphur Springs in August, 1962, which was incomplete, only seven months being included. Bringing 1962 up to date, we had 595 contributors giving a total of $14,361.50. In the report, it was postulated that 519 contributors would give $13,160.73, which was not a bad guess. However, I am glad to report the increase.

It is interesting to compare our growth over the past four years:

Year	Contributors	Amount Contributed
1960	174	$ 5,222.78
1961	593	13,509.07
1962	595	14,361.50
1963	846	12,970.50 (anticipated)

Not phenomenal, but encouraging. Concretely, all that can be reported for 1963 is the first four-month period of this year, which finds 282 contributors having given $4,323.50. Additional amounts, as they come in, will be added to this figure, and brought up to date at the annual meeting in August.

Overall, we find that important strides were made in 1962 by the American Medical Association Education and Research Foundation. AMA-ERF became the successor to the American Medical Research Foundation (AMRF) and the American Medical Education Foundation (AMEF) in January, 1962.

Physicians, their families and friends, contributed a record amount last year to the funds for the Medical Schools Program, while giving generously at the same time to the new Medical Education Loan Guarantee Program for medical students, interns and residents.

Dr. Raymond M. McKeown, of Coos Bay, Oregon, President of the AMA-ERF Board of Directors, pointed out that the Loan Guarantee Program had made not-

able progress by the year's end in helping to bridge the gap between the financial resources of the students, interns and residents and the expenses they must incur in pursuing a long and costly training period.

Combined receipts of AMA-ERF for 1962 totaled $2,371,635. The largest portion of this was $1,438,079 in funds for the medical schools.

Contributions for Funds for Medical Schools are being distributed in their entirety to eighty-eight (88) medical schools in the United Sttaes and eight (8) in Canada. All funds distributed may be applied by the deans of the medical schools as they see fit, to regular or extra-budgetary expenses. Of the total distribution, approximately 30 per cent represents contributions for which no specific school was designated by the donors. From the record, grants to the Canadian schools represent designated contributions only.

Thirty-eight states showed increased contributions to Funds for Medical Schools for 1962 over 1961. Together with income on investment, contributions to the program brought distribution to a record high of $1,461,811, a 12 per cent increase from 1961. In addition, physicians made direct contributions totaling nearly $6 million in 1962 to the medical schools. The Loan Guarantee Fund, a program initiated in February, 1962, made a fast start. Under the program, private banks lend $12.50 to approved applicants for every $1.00 in AMA-ERF's Loan Guarantee Fund.

So goes the trend nationally, and West Virginia as an integral unit, is not at the bottom of the list, nor do we plan to be there. Everyone's contribution is sought, so that those who wish to do so, may excel.

Respectfully submitted,

Earl S. Phillips, M. D.
Chairman.

Wheeling,
May 29, 1963

Cancer Committee

Cancer continues to be the second leading cause of death in West Virginia. Because of this, additional attempts at early diagnosis and treatment are urgently needed.

During 1962-63 the Committee attempted to coordinate activities of the various groups concerned with the educational aspects of the problem in order that delay in treatment may be decreased and the cure rate increased. This was carried out by inviting to our meetings representatives of the American Cancer Society, West Virginia Division, State Department of Health, Division of Cancer Control, the West Virginia Dental Society, and West Virginia University School of Medicine. All of these organizations sent representatives and we believe that we are working more harmoniously because of these coordinating efforts.

The need for a State Cancer Chemotherapy Center was discussed and referred to a sub-committee for further study.

The Cancer Detection Program was discussed at some length. The Committee members agree that an adequately functioning program of cancer detection is the chief way that the cancer rate can be decreased. The Committee went on record as urging all physicians to participate in this important work by making their offices cancer detection centers, and that each physician engage in disseminating information relating to the early symptoms of cancer.

It was agreed that cancer films for lay groups could be approved either by the local county medical society or by the committee on professional information of the local cancer society.

The Committee approved a reversion to the maximum of one hundred dollars for roentgen or cobalt teletherapy for medically indigent cancer patients since funds are not available through the Division of Cancer Control, State Department of Health, for a higher fee.

The Committee approved a project of the Division of Dental Health of the West Virginia State Department of Health for the "Early Detection of Oral Cancer Through the Use of Exfoliative Cytology by the Medical and Dental Practitioners of West Virginia."

Respectfully submitted,

Hu C. Myers, M. D.
Chairman.

Philippi,
June 17, 1963

Committee on Maternal Welfare

The Maternal Welfare Committee of the West Virginia State Medical Association, in conjunction with the Division of Maternal and Child Health of the West Virginia State Health Department, held two meetings at the Chancellor Hotel in Parkersburg on July 8, 1962 and February 24, 1963. Those attending both meetings were Charles L. Goodhand, M. D., Chairman, and the following members: Harold D. Almond, M. D., Charles S. Harrison, M. D., William S. Herold, M. D., Everett W. McCauley, M. D., Robert W. Leibold, M. D., and Frederick H. Dobbs, M. D., Secretary.

The Division of Maternal and Child Health of the West Virginia State Health Department was represented by William S. Herold, M. D., Assistant Director, Frederick H. Dobbs, M. D., Obstetric Consultant, and Miss Ruth Melber, R. N., Obstetric Nurse Consultant.

The Chairman expresses his appreciation for the splendid cooperation of all members of this Committee, for without their valuable assistance in the evaluation of the abstracts and in the direction of the long-range program of this specialty, the overall benefits derived from the work of this Committee would be markedly curtailed. The President of the State Medical Association followed the recommendation of the Chairman by retaining two thirds of the Committee members during the past year, thereby assuring a hard core of members who are familiar with the proceedings of the Committee and the overall function of our specialty in the State.

The Chairman also expresses appreciation for the splendid cooperation of the interested physicians who completed the questionnaires and by forwarding such additional data, i.e. autopsies, consultation reports, laboratory procedures and operative records with operative findings which assisted measurably in arriving at the proper cause of death in most of our cases. Taking time from a busy practice to gather and record this data speaks well for their trust in the purpose and function of the Committee. The Committee is impressed by the high standard of obstetric practice among the physicians of the State and the extensive scope of therapy offered the patients is ample evidence of the excellent hospital facilities in West Virginia.

Doctor Herold and Miss Melber presented a Plan for Expectant Mothers for Emergency Delivery During a Disaster, which will be made into booklet form and distributed to physicians in the State. In the event of a National Emergency, with the population confined to fall-out shelters, these booklets will be made available to maternity patients through their physicians. This material was examined and approved by the Committee.

Miss Melber presented charts and graphs depicting the activity of midwives in the State of West Virginia for the past 30 years. Complete data is recorded since 1947, when the midwives delivered their greatest number of mothers, being 1,524. In 1934, the greatest number of midwives were registered, being 471. The greatest number of live births delivered in 1947 with a total of 54,000, the least in 1961 with 38,866. In 1960, 81 midwives delivered 338 mothers.

The Secretary presented the outline of the disaster program for Emergency Childbirth which has been prepared by the State Health Department and is available to all interested groups. This consists of printed lecture material written in layman's language and presented in simple outline form. These items are accompanied by slides which depict the various stages of labor and delivery, in visual form, and is such an excellent presentation of the subject that any adult would be of help to a woman in labor.

Several members of the Committee reported on recent meetings of national and local interest. The West Virginia Obstetrical and Gynecological Society had its annual travel meeting at Johns Hopkins University School of Medicine and the University of Maryland School of Medicine in Baltimore, March 16-17, 1963. The American College of Obstetrics and Gynecology met in New York, April 20-25, 1963. The majority of Committee members attended both meetings so the discussions were on common ground, that of recent developments in our specialty.

There was one conference on Maternal Mortality conducted by James F. Donnelly, M. D., Director of Maternal and Child Health, North Carolina Board of Health, where the latest data on maternal mortality was presented and analyzed. Doctor Donnelly also conducted the Joint Conference of the West Virginia Academy of Pediatrics with the Obstetrical Society held at the West Virginia University Medical Center in Morgantown in October, 1962. The subject was perinatal mortality and how the present study can be expanded to include all deliveries in the State with special emphasis on perinatal mortality and morbidity. The present reporting form is inadequate, redundant and time consuming. Doctor Donnelly presented the new questionnaire which is in the process of being printed and will be distributed to hospitals at a later date.

The prenatal and delivery services were presented. There are nine active prenatal clinics having delivery services in conjunction with the clinics. These are located at strategic County Seats where the services of public health nurses and specialists are available. This service is granted to all surrounding counties.

Tabulated Analysis of Committee's Work

The following tables contain the tabulated analysis of the work of the Committee for the current year and these studies are submitted for the information of and study by the members of the West Virginia State Medical Association.

The latest statistical survey for West Virginia between maternal deaths and births is for 1961. In that year there were:

Total Births	38,866
Maternal Deaths	21
Maternal Death Rate	.5

MATERNAL DEATHS, JULY 1, 1962—JUNE 30, 1963

I. Classification of Maternal Deaths Reviewed by Committee During the Period of July 1, 1962—June 30, 1963

Year	*Obstetric*	*Non-Obstetric*
1962-1963	14	2* (Medical)

*1 The indirect obstetric cause of death was confluent bronchial pneumonia complicated by focal renal necrosis, focal hepatic necrosis and pregnancy: 1 Indirect cause was pulmonary embolism (with a possible source of the thrombus from the left ovarian vein, the aftermath of a recent spontaneous abortion).

II. Obstetric Deaths by Cause (1962-1963)

Cause of Death		*No.*	*% of Total*
Hemorrhage:			
(1) Postpartum Hemorrhage due to Afibrinogenemia	2		
(2) Hemorrhage due to Rupture of Uterus	3		
(3) Hemorrhage due to Retained Placenta	1		
(4) Hemorrhage due to Uterine Atony	1		
(5) Hemorrhage—Etiology Unknown	1		
Total Obstetric Deaths due to Hemorrhage		8	57.2
Pulmonary Embolism		3	21.4
Tetanus		1	7.1
Pre-Eclampsia		1	7.1
Lower Nephron Nephrosis		1	7.1
Total		14	100. %

III. Obstetric Deaths by Preventability (1962-1963)

Classification	*No.*	*% of Total*
Preventable by Physician	3	21.4
Preventable by Patient	2	14.3
Preventable by Patient who submitted to Criminal Abortion	2	14.3
Preventable by Attending Physician and Consultant	1	7.1
Preventable by the Operating Surgeon	1	7.1
Preventable by Midwife and Patient's Family	1	7.1
Preventable by Patient, her Family, the Attending Physician and Surgical Consultant	1	7.1
Non-Preventable	2	14.3
Unknown (D.O.A.)	1	7.1
Total	14	99.8%

IV. Obstetric Deaths by Place of Delivery (1962-1963)

Place	*No.*	*% of Total*
Hospital	9	64.3
Home	3	21.4
Undelivered	2	14.3
Total	14	100. %

V. Obstetric Deaths by Race (1962-1963)

Race	*No.*	*% of Total*
White	12	85.7
Negro	2	14.3
Total	14	100. %

VI. Obstetric Deaths by Age Groups (1962-1963)

Age Groups	*No.*	*% of Total*
15-19	1	7.1
20-24	2	14.3
25-29	4	28.6
30-34	1	7.1
35-39	3	21.4
40-44	2	14.3
44 Plus	1	7.1
Total	14	100. %

VII. Obstetric Deaths by Parity (1962-1963)

Parity	*No.*	*% of Total*
Primipara	0	
1-3	4	28.6
4-6	2	14.3
7 and Over	4	28.6
Unknown	4	28.6
Total	14	100. %

VIII. Obstetric Deaths by Weeks of Gestation (1962-1963)

Weeks of Gestation (Lunar Months)	*No.*	*% of Total*
Less than 28 weeks	3	21.4
28-33 weeks	2	14.3
34-39 weeks	6	42.9
40 weeks plus	1	7.1
Unknown	2	14.3
Total	14	100. %

IX. Obstetric Deaths by Operative Procedure (1962-1963)

Procedure	Preventable	%	Non-Preventable	%	Undetermined	%
None	7	63.6	2	100. %	1	100. %
Manual Dilitation of the Cervix followed by Version & Extraction	1	9.1				
Manual Removal of Placenta	1	9.1				
Breech Extraction	1	9.1				
Cesarean Section	1	9.1				
Total	11	100. %	2	100. %	1	100. %

X. Obstetric Deaths by Type of Consultation (1962-1963)

Type of Consultant	*No.*	*% of Total*
Surgeon	4	Percentages cannot be calculated because some patients were seen by more than one consultant. But it is significant that 57.2 had no consultation.
Obstetrician	2	
Residents	2	
Internal Medicine	1	
None	8	

XI. Interval Between Delivery and Death (1962-1963)

Time Interval	*No.*	*% of Total*
Under 1 day	8	57.2
1 day - 1 week	2	14.3
1 week plus	1	7.1
Undelivered	2	14.3
Unknown	1	7.1
Total	14	100. %

XII. Outcome of Pregnancy in Obstetric Deaths (1962-1963)

Type of Outcome	*No.*	*% of Total*
Livebirth—full term	5	35.7
Stillbirth—full term	1	7.1
Stillbirth—Premature	2	14.3
Criminal Abortion	2	14.3
Undelivered	2	14.3
Unknown	2	14.3
Total	14	100. %

XIII. Analysis of Obstetric Death Certificates (1962-1963)

Death Certificate Correct and Complete	10	71.4
Death Certificate Not Correct and Complete	4	28.6
Total	14	100. %

XIV. Autopsies Done on Obstetric Deaths (1962-1963)

	No.	*% of Total*
Autopsy Obtained	3	21.4
Autopsy not Obtained	11	78.6
Total	14	100. %

Definitions

1. *Maternal Death*—The death of any woman dying of any cause whatsoever while pregnant or within six months of the termination of the pregnancy, regardless of the duration of the pregnancy at the time of the termination or the method by which it was terminated.

2. *Direct Obstetric Cause of Death*—A death resulting from complications of the pregnancy itself, to intervention elected or required by the pregnancy or resulting from the chain of events initiated by the complication or the intervention.
3. *Indirect Obstetric Cause of Death*—A death resulting from disease before or developing during pregnancy (not a direct effect of the pregnancy) which was obviously aggravated by the physiological effects of the pregnancy and caused the death.
4. *Non-Related Cause of Death*—A death occurring during pregnancy or within 90 days of its termination from causes not related to the pregnancy nor to its complication or management.
5. *Factors of Preventability (Avoidability)*—Preventability should be judged in an ideal academic sense. This concept involves three assumptions. First, the physician possessed all the knowledge currently available relating to the factors involved in the death. Second, by experience, he had reached a high level of technical ability. Third, he had available to him all the facilities present in a well-organized and properly equipped hospital. Because of the austerity of these criteria, it is more desirable to determine avoidable factors involved in the death, rather than to label the death as preventable. This allows more specific discussion resulting in better maternal care and reduction of obstetric causes of death.
6. *Factors of Responsibility*—Responsibility should be determined whenever possible and assigned as appropriate to the attending physician, consultant, midwife, hospital, patient, or any combination.

Factors

A. *Professional Factors*—These are concerned with cases where there appear shortcomings in diagnosis, judgment, management, and technique, and include failure to recognize the complication or evaluate it properly. They also include instances of injudicious haste, delay or timing of operative intervention, and failure to utilize currently acceptable methods of treatment. Finally, they would include services which were technically inept, and those failures which could have been averted by proper and timely consultation.

B. *Hospital Factors*—These are concerned with facilities, equipment, or personnel which are inadequate. In terms of modern obstetrics the hazards of delivery cannot be met successfully unless the hospital provides, (1) a separate, well-directed maternity section; (2) a blood bank; (3) competent 24-hour anesthesia service; (4) suitable x-ray facilities; and (5) adequate 24-hour laboratory facilities.

C. *Patient Factors*—These should be recognized, but never as an excuse for professional inadequacy. They are concerned with death resulting from a complication for which there is generally successful treatment but which the patient denied herself by delaying her initial visit to the physician, delaying obtaining medical care after the symptoms were obvious at a layman's level, or finally, by not following the advice and instructions of her physician.

D. *Undetermined Factors*—If because of inadequate evidence a clear-cut decision cannot be made, yet short-comings in care are apparent, it would be preferable to indicate that responsible factors are undetermined. An attempt should be made to determine preventability and to locate the responsible factors.

Analysis of Maternal Deaths

The Committee presents the following conclusions from the analysis of these maternal deaths:

1. *Hemorrhage* again heads the list, accounting for eight of the fourteen obstetric deaths reported. There is an interesting variety of causes and it is in this category that the preventable factors are the most frequent. For example:

A. *Afibrinogenemia* caused *two* maternal deaths.

(1) The patient had an episode of bleeding at eight months gestation with bacteruria. The Committee felt the afibrinogenemia had its etiology here and had the fibrinogen level been checked on admission, the blood clotting defect would have been discovered.

(2) The fetus perished in utero, nine weeks before delivery, during a hospital admission for severe preeclampsia, which improved after the fetus perished. When the patient delivered nine weeks later, she hemorrhaged to death in two and half hours after delivery of the placenta. A fibrinogen level would have discovered the blood clotting defect and preparations made to combat this deficiency.

B. *Rupture of the Uterus* caused *three* deaths.

(1) Severe external abdominal trauma caused toxic peritonitis and terminal abdominal hemorrhage.

(2) The attending physician did a manual dilatation of the cervix followed by a version and extraction.

(3) The surgical consultant manually attempted to remove the retained placenta resulting in the terminal hemorrhage.

C. *Retained Placenta*—the patient delivered at home by a midwife. Five hours later was admitted in a semicomatose condition and died in 30 minutes from hemorrhage.

D. *Uterine Atony*—The hemorrhage developed postpartum. The patient had no prenatal care, was admitted with severe preeclampsia and in poor physical condition.

E. *Postpartum Hemorrhage*, cause unknown. The patient was admitted D. O. A. from a neighboring state, after being delivered by a midwife. No autopsy.

F. *Pulmonary Embolism* caused *three* maternal deaths.

(1) The patient developed pulmonary embolism, the result of thrombophlebitis following an infected abortion.

(2) The patient developed pulmonary embolism in the postpartum state. The site of the thrombus was a vaginal wall laceration with extensive hemorrhage into the pelvic tissues and a marked drop in hemoglobin.

(3) The patient was admitted D. O. A. on the 13th postpartum day the diagnosis being pulmonary embolism. Vague calf symptoms developed on the third postpartum day and was treated as a beginning thrombophlebitis. She continued the treatment at home and on the 13th postpartum day developed severe chest pain, extreme air hunger and deep shock. She expired in the ambulance.

G. *Tetanus* complicated by postabortal endomyometritis caused this patient's death. Admitted from a neighboring State, the abortionist made several attempts to interrupt this pregnancy which would coincide with the incubation period of tetanus. The diagnosis was confirmed by autopsy.

H. *Chronic Glomerular Nephritis* complicated by a toxic thyroid, and severe preeclampsia, was the cause of death. The patient was a 42 year old Gravida 8 Para 7, with a weight gain of 75 pounds and no prenatal care.

I. *Lower Nephron Nephrosis* following cesarean section for placenta praevia in a severe pre-eclamptic, a 41 year old Gravida 15, Para 14, with no prenatal care.

Respectfully submitted,

Charles L. Goodhand, M. D., *Chairman.*

Frederick H. Dobbs, M. D., *Secretary.*

June 18, 1963.

Committee on Medical Economics

During a meeting of the Council in the fall of 1962 a recommendation was made to explore the feasibility of Blue Cross-Blue Shield or private insurance companies assuming the responsibility of administration of either or both the MAA and GMH programs currently administered by the Department of Welfare.

A meeting was held in Charleston on January 9, 1963, under the auspices of the West Virginia Hospital Association, for the purpose of discussing the possibility of covering West Virginia welfare recipients under Blue Cross and Blue Shield. Representatives from the following organizations were in attendance at the meeting: West Virginia State Medical Association, West Virginia Hospital Association, American Medical Association, American Hospital Association, and state and national Blue Cross and Blue Shield plans.

On the following day, representatives of these organizations met with officials of the Department of Welfare and the United States Department of Health, Education and Welfare. An actuary of the National Blue Cross Organization remained in Charleston a few days in order to obtain necessary statistics for a proposal of coverage of medical care services under the GMH and MAA programs.

During the 1963 session of the Legislature a resolution was passed "requesting the Joint Committee on Government and Finance and the Commission on Interstate Cooperation to make a study of the feasibility of the State providing medical and hospital services for those persons qualified to receive any form of medical and hospital assistance from the State under present law and the regulations promulgated thereunder through arrangements with non-profit hospital, medical and dental services corporations organized and operating under the provisions of Article Twenty-Four, Chapter Thirty-Three of the Code."

The Joint Committee was directed to submit to the Legislature a report of its findings during the 1964 session. A meeting of the Committee was held at the Capitol in Charleston on June 12 and representatives of the State Hospital Association and State Medical Association presented a report concerning the meetings that had been held in past months. It was pointed out that officials of the National Blue Cross-Blue Shield organizations plan to be in Charleston during July to discuss proposed programs for medical and hospital coverage of welfare patients.

The Joint Conference Committee, charged with the responsibility of meeting periodically with the Commissioner of the Department of Welfare, has been active during the past year.

A meeting was held with Mr. Harry R. Lynch, representing the West Virginia Pharmaceutical Association, in regard to financial loss or failure of reimbursement for drugs dispensed by a physician to MAA and GMH recipients. Adjustments in reimbursements for drugs have been made. Where a financial loss or failure of reimbursement occurs the details of such loss are to be directed to the chairman of the Joint Conference Committee. Further, any instance of excessive prescription writing for recipients of the MAA and GMH programs is to be called to the attention of the chairman.

During a meeting of the Council on November 4, 1962, the following resolutions were adopted:

(1) Recommending the present 12-day limit for hospitalization under the MAA program remain unchanged with the exception of the privilege of extension of hospital care for medical necessity by prior authorization from the District Administrator of the Department of Welfare, the District Administrator having at his disposal members of the District Review Committee for consultation as to whether this extension should be granted.

(2) Recommending improvements in the MAA and GMH programs which would result in more comprehensive services.

(3) Recommending an increase in fees of services rendered under the GMH program.

(4) Recommending further adjustment in the anesthesia fee schedule under the MAA program.

The recommendations of the Council were submitted to Commissioner W. Bernard Smith on December 4, 1962. At that time expenditures under the MAA program were running approximately $225,000 per month which was well within the budget; however, it was pointed out that the Department had found it necessary several weeks prior to the meeting to begin using MAA funds to help meet the increasing expenses of the GMH program. No improvements in the MAA or GMH services or fees for services could be initiated since there were insufficient funds for the present programs.

Commissioner Smith requested that representatives of the State Medical Association appear with him before the Board of Public Works in support of the Department's budget request for the fiscal year, 1963-64. Dr. D. E. Greeneltch of Wheeling, Dr. Edwin M. Shepherd of Charleston, William H. Lively, Jerry Gould and your chairman appeared with the Commissioner before the Board of Public Works on December 12, 1962.

We specifically supported the Commissioner's request for sufficient funds to employ physicians as medical director and assistant medical director, as well as the request for funds for continuation of a program initiated by the Kanawha Medical Society in regard to the examination of men from Kanawha County who received Aid for Dependent Children from the Department of Welfare on the basis of disability.

Subsequently, the Board of Public Works and the Legislature approved the request for funds for the continuation of the study in Kanawha County as well as for the extension of these studies to other areas of the State.

The Legislature failed to appropriate sufficient funds for the employment of a medical director and inade-

quate funds were appropriated for the MAA and GMH programs for the fiscal year, 1963-64.

Funds appropriated for the MAA program would be nearly adequate but, by virtue of the pooled fund policy enacted by the Congress in March, 1962, MAA funds are being used currently to underwrite the GMH program.

An objection to this latter policy was submitted to the Department of Welfare following the meeting of the Council on January 13, 1963. The Commissioner also was asked at that time to act on the recommendations adopted by the Council on November 4, 1962.

The low anesthesia fees under the MAA program have been discussed on numerous occasions. The Department of Welfare authorized the payment of anesthesia fees for the MAA payable under the GMH fee schedule which was higher. Further attempts at correction of the anesthesia fee inadequancies and other apparent inadequacies of the MAA fee schedule must be through alteration of the Plan A, Blue Shield fee schedule of Charleston. The present MAA fee schedule is based on 75 per cent of the Plan A in Charleston.

It is evident that continued work is necessary in an attempt to receive a reasonable fee for services rendered to recipients under the medical programs of the Department of Welfare.

Reports have been received from the District Review Committees which reveal a very definite decrease in the problems between physicians and the Department of Welfare on the local level. Many recommendations have been received directed toward improvement in the GMH and MAA programs. Particular attention has been given to recommendations in reports received from Dr. Richard O. Gale of Welch, chairman of the District 5 Review Committee. Recently recommendations were received from this committee on ways and means of preventing over-utilization. The methods suggested have been discussed at length with officials of the Department. I wish to thank Doctor Gale and the members of his Committee for their excellent work during this past year.

The sub-committee on State Workmen's Compensation has submitted recommendations to be presented to the Compensation Commissioner in regards to deficiencies in patient care, disability evaluation procedures and fees for services. The recommendation in regards to deficiencies in patient care and disability procedures will be discussed with the Commissioner in the near future. The various specialty groups rendering services to the recipients of the Compensation Commission have been requested to submit recommendations in re revisions in the present fee schedule.

Respectfully submitted,

George R. Callender, Jr., M. D.,
Chairman.

Charleston,
June 21, 1963.

Mental Health

The major project of the Committee on Mental Health consisted of specific recommendations for the amendment of that portion of our existing West Virginia Code (Chapter twenty-seven—1931) pertaining to the admission and discharge procedures for the mentally ill. The proposed changes would permit medical certification for necessary involuntary hospitalization of psychiatric patients, thereby preserving their dignity and civil rights. Provisions for judicial review were included. The emphasis was altered from "commitment and parole" by elected officials to "hospitalization by medical certification" while carefully safeguarding the individual rights of the sick person.

Your Committee received outstanding cooperation and help from the State Department of Mental Health and representatives of the West Virginia Association for Mental Health, with whom joint meetings were held. Our proposals were formulated after consultation with the American Psychiatric Association and a meeting with leading figures in the Departments of Mental Health of neighboring states which have already passed similar laws. They were approved by the Legislative Committee and the Council of the State Medical Association.

The bill to amend the West Virginia Code passed the House of Delegates but was delayed in committee in the Senate before action could be taken. We urge subsequent Committees on Mental Health to pursue this needed project and reintroduce such a bill during the session in 1965. We are disappointed that enactment did not result this year but know that perseverance is required.

Your Committee appreciates the full cooperation and support of our President and other officers, the Legislative Committee, our Executive Secretary, the Director of Mental Health and her staff, and the West Virginia Association for Mental Health.

Respectfully submitted,

A. L. Wanner, M. D.
Chairman.

Wheeling,
June 17, 1963

Syphilis Committee

The Syphilis Committee of the West Virginia Medical Association reviewed and discussed current national and state venereal disease trends and problems. It was noted that three national organizations, The Association of State and Territorial Health Officers, The American Venereal Disease Association, and the American Social Health Association, who for the past ten years have conducted an annual survey of the VD problem in the United States, recommended a $10 million federal appropriation to continue the expansion of the national venereal disease control program.

There were 20,084 reported cases of infectious syphilis in 1962 in the United States, representing a record high for the past twelve years. Reported infectious

syphilis has increased 448 per cent over the past five years and in our own State alone, fiscal 1962, showed a 70 per cent increase in infectious syphilis over fiscal 1961.

Early data for fiscal year 1963 indicate that there were 11,254 reported cases of infectious syphilis during the first six months in the United States and that the 1963 total of infectious syphilis cases will eclipse the 1962 record by several thousand cases.

Infectious syphilis reached its lowest incidence in 1957 when 6,251 cases were reported and the case rate per 100,000 population was 3.8. The trend line gradually rose in 1958 and 1959 with startling 50 per cent increases appearing in 1960 and 1961. In 1962 reported infectious syphilis increased to its highest point in over a decade with 20,084 cases and a case rate of 11.0 per 100,000 population.

Veneral disease among the younger age groups continues to be a major problem. In 1962, the under 24 age group accounted for 45.7 per cent of all reported infectious syphilis and 55 per cent of all reported gonorrhea. The corresponding figures for West Virginia were 41 per cent of all infectious syphilis and 58.8 per cent of all reported gonorrhea.

Homosexually acquired veneral disease is also emerging as a major problem in the control of venereal disease. Thirty-four states and 66 city health officers reported male homosexuals as an increasing problem during the past year. Nineteen states reported that more than 20 per cent of males with infectious syphilis named male partners in 1962. The increasing contribution of homosexual contacts to the spread of infectious syphilis points up the need for reaching this group with informational and educational material about the veneral diseases.

The Syphilis Committee urged that premarital and prenatal blood test laws be maintained, pointing out that median statistics still showed from two to three positives in every hundred marriages and from one to two positives per 100 mothers.

Public and private laboratories in West Virginia were commended for their excellent reporting of reactive serologies during the past year and urged to continue to report.

The lack of VD education was again cited as a factor contributing to the current rise in infectious syphilis. During the low incidence period in the mid-fifties most VD education efforts were sharply curtailed. Mindful of the fact that infectious syphilis is an urgent public health problem in West Virginia, the Committee recommended that:

(1) The application of a complete epidemiological process to all cases of infectious syphilis be continued.

(2) There be cooperation of all practicing physicians who diagnose and treat patients with infectious syphilis in reporting them to the public health department having jurisdiction in their geographic area, and in permitting interviewing of their patients by health department personnel.

(3) All laboratories, public and private, including hospital laboratories and blood banks, report *all* reactive blood specimens to the health department by name.

(4) Darkfield microscopy be used more extensively in diagnosis of infectious syphilis.

(5) Increased emphasis be placed on venereal disease education especially in the schools.

Respectfully submitted,

N. H. Dyer, M. D., M. P. H.
Chairman.

Charleston,
June 14, 1963

Tuberculosis Committee

In a memorandum from Mrs. Katherine Brown, Bureau of Tuberculosis Control, dated August 16, 1962, it is noted that the total number of tuberculosis cases on the active register changed from 6,482 in 1951 to 4,200 in 1961. The same figures for those in the Sanatoria were 1,205 to 762. At home there were 5,277 in 1951, and 3,438 in 1961.

There has been no formal meeting of the Committee during the year, although your chairman read a memorandum to the Council during the 1962 Annual Meeting at The Greenbrier calling attention of the Association to the legislative attempts to alter policy in the present tuberculosis sanatoria in the State. Two letters were sent to the Commissioner of Public Institutions, the second dated November 2, 1962. In the latter the following suggestions were made:

(1) That a committee be appointed to study the trends relating to tuberculosis case-loads over the State and the sanatoria populations over the preceding five or ten years, and those projected over the next five or ten years.

(2) That needs should be explored, as to personnel, including physicians, nurses, laboratory personnel, janitors, orderlies and maids, if there is to be any change made in the sanatoria from the care of the tuberculous ill to the care of pulmonary illness in general, and/or chronic diseases to include heart disease, kidney disease, vascular disease, for example, chronic brain syndrome and peripheral vascular disease.

(3) That a study would be needed to evaluate the impact of a change in this sort of a medical concept as relates to third-party pay.

(4) An attempt should be made to explore realistically the future needs of the tuberculous ill in our State, and to consider perhaps something as radical as closing both sanatoria, and making a tuberculosis wing as part of some future construction adjacent to or adjoining the present West Virginia University Medical Center.

(5) A study, if desired, of the feasibility of continuing to operate two general hospitals in the State, and to find out if their experience would be useful in anticipating problems in converting the sanatoria to other than tuberculosis usage.

A letter dated November 20, 1962, from Commissioner Browning, indicated that this proposal was in excess of the one made to him in the summer and, that

in view of the extensive statistical and other research necessarily involved, that he would suggest that this be given careful study by personnel of the Department of Health, Education and Welfare.

It is entirely possible that the Council or the House of Delegates may be interested in referring this matter back to the Tuberculosis Committee, or an ad hoc committee, to study and make recommendations to the Asscciation.

Respectfully submitted,

Ralph H. Nestmann, M. D.
Chairman.

Charleston,
May 24, 1963

Chesapeake Hall at The Greenbrier

WVU Medical Center
—News—

• **Compiled from material furnished by Howard Lewis, Administrative Assistant to the Vice President, West Virginia University Medical Center, Morgantown, West Virginia.**

SEVEN students and one faculty member of the West Virginia University School of Medicine recently were elected to membership in the WVU chapter of Alpha Omega Alpha, medical honor society.

Five of the students selected received their M. D. degrees on June 3 and have begun their internships. They are Drs. Jack Pushkin of Charleston, Charles E. Turner of Huntington, David E. Wallace of Madison, Donald R. Swartz of Morgantown, and Alfred Karickhoff of Belington.

David M. Bear of Fairmont and Thomas Dotson of Summersville, who are now in their senior year at the School of Medicine, were the other students selected.

Dr. Herbert E. Warden, Professor of Surgery, was elected to honorary membership in the WVU chapter which was formed last year.

Four Faculty Members Honored

Four members of the faculty of the WVU School of Medicine recently were elected to membership in distinguished medical societies.

Dr. Edmund B. Flink, Professor and Chairman of the Department of Medicine, received one of the highest honors in academic medicine when he was chosen for membership in the Association of American Physicians.

Dr. Robert J. Marshall, Professor of Medicine, was elected to membership in the American Society for Clinical Investigation. He has made extensive contributions to the advancement of medical science through his studies of heart and lung physiology.

Dr. Wilhelm S. Albrink, Professor and Chairman of Pathology, was elected to the American Society for Experimental Pathology.

Dr. Russell V. Lucas, Jr., Assistant Professor of Pediatrics, was named to the Society for Pediatric Research. His studies have been primarily in the field of congenital heart disease.

Two Staff Members Resign

Dr. Thomas A. Loftus, Professor and Chairman of the Department of Psychiatry, and Dr. Robert J. Johnson, Professor and Chairman of the Department of Gross and Neurological Anatomy, have resigned from the faculty of the School of Medicine.

Doctor Loftus has accepted the post of Professor of Psychiatry at the New York School of Psychiatry in New York City. He came to the WVU School of Medicine in January, 1962, from Philadelphia where he had been Associate Professor of Psychiatry at Jefferson Medical College since 1957. He also had served on the faculties of the Columbia University College of Physicians and Surgeons and the Cornell University Medical College in New York City, and was a consultant to the Surgeon General from 1946 to 1955.

Doctor Johnson will be Chairman of the Department of Anatomy at the University of Pennsylvania Graduate School of Medicine in Philadelphia. He had been a member of the WVU School of Medicine faculty since 1957.

13 Interns Join House Staff

Seven graduates of the WVU School of Medicine were among the 13 new physicians who began their one-year internship at the University Hospital on July 1.

Drs. Donald C. Dickenson of Bluefield, Robert F. Gustke of Parkersburg, Alfred N. Karickhoff of Belington, Roy J. Stevens and Donald R. Swartz of Morgantown, Terry T. Tallman of Alma and Grover R. Tompkins of Charleston were among the 43 students who received their M. D. degrees at commencement exercises in Morgantown on June 3.

Other new interns are as follows:

Dr. Leon W. Grimm of Philadelphia, a graduate of the University of Pennsylvania School of Medicine.

Dr. John Scott Oehrle, University of Pittsburgh School of Medicine.

Dr. Ira B. Wile of Dallas, Texas, University of Texas Southwestern Medical School.

Dr. Kenneth R. Williamson of St. Paul, Minnesota, University of Minnesota Medical School.

Dr. L. Allan Wright of Pittsburgh, University of Pittsburgh School of Medicine.

Dr. Henry M. Carder of Kerrville, Texas, University of Texas Southwestern Medical School.

Research Grant in Allergy

George R. Baise of Proctorville, Ohio, a senior in the WVU School of Medicine, has received a $600 research grant from the American Foundation of Allergy.

He will assist Dr. Jose M. Quintero, Assistant Professor of Medicine and Chairman, Division of Allergy, in research of fundamental allergy problems.

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The Month in Washington

• From the Washington Office of the American Medical Association.

THE Department of Health, Education and Welfare is well along in its investigation of krebiozen, the controversial product which has been distributed as an anti-cancer investigational drug. HEW disclosed its progress in the investigation in answering a suit filed in federal district court by Dr. Stevan Durovic, a refugee Yugoslav physician who maintains he discovered krebiozen. The court denied Durovic's petition for a temporary injunction against the Food and Drug Administration which would have hampered the federal government's investigation of krebiozen.

HEW said it is trying to answer the basic question: Is krebiozen effective? To get the answer, HEW said, "it is necessary to know precisely what krebiozen is, how it is manufactured, and what controls are used to insure its safety, efficacy, sterility, purity and identity. The results of tests on animals and full details of the case histories of tests on human patients must be known.

"It is the responsibility of the manufacturer to make this information available to FDA. The sponsors of krebiozen have been advised repeatedly since the filing of their first new drug application in 1954 that information submitted by them has not met the foregoing requirements."

Thorough Investigation

FDA personnel began the government investigation last February by copying 508 case history records furnished by Durovic and for each of which it was claimed that krebiozen had been effective in some measure. The FDA then set out to obtain the full medical facts and records about each case. This entailed visits to patients, physicians, hospitals, laboratories, pathologists, surgeons, radiologists, and anyone else associated with the treatment of these patients.

"About half of the 508 cases copied by the Food and Drug Administration and NIH officials have already been thoroughly investigated by the FDA's field staff," the HEW said in a July 3 report. FDA expects to complete this phase of the investigation within a few weeks.

"As these completed cases are received by FDA in Washington, they are reviewed by medical officers of the Bureau of Medicine, FDA, and a summary made of each case together with the physicians' conclusions as to whether the claim of benefit is justified by objective evidence. The review of about 100 cases by these physicians has been completed to date.

"Physicians of the National Cancer Institute will make a second independent review of each case, consulting when necessary with outside experts in the particular fields of treatment involved to determine whether any claim of benefit is justified.

"These reviews will be the basis on which judgment will be made by scientists at the National Cancer Institute as to whether clinical testing by NCI is justified."

Files Suit for Injunction

Durovic filed his suit for an injunction after FDA officials undertook to acquire information relating to the manufacture, packaging, processing, and distribution of krebiozen. In this inspectional phase of the investigation, the FDA seeks to determine the composition of the product, how it is made, the controls exercised in the manufacture to insure uniformity of composition, purity, sterility, potency, stability and safety, the labeling employed, the distribution of the product, and other matters bearing on the legality of distribution of the product under federal law.

The developers of krebiozen claim it is made from a yellowish-white powder extracted from the blood of a horse. This powder is dissolved in mineral oil and the combination is put into a glass ampule which holds one cubic centimeter.

Research on New Drugs

The American Medical Association warned that research on new drugs could be seriously hampered by too exacting regulation and supervision by the federal government.

Dr. Hugh H. Hussey, director of the AMA's Division of Scientific Activities, told a Senate subcommittee that "medicine and the pharmaceutical industry have established an outstanding record, particularly over the last two decades, in the discovery, development and use of life-saving, health-saving, and pain relieving drugs."

"The benefit to our people from such discovery is so great in terms of reduced mortality and the increased control of numerous diseases that it is difficult to speculate what the state of our nation's health would be without them," he added.

Doctor Hussey said the AMA was well aware of the responsibilities of private industry in drug research, developing and marketing. But these activities, particularly research, could not be stereotyped, he said.

Question:

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References: 1. A.M.A. Council on Drugs: J.A.M.A. 183:469 (Feb. 9) 1963. 2. Gruenberg, F.: Curr. Ther. Res. 2:1 (Jan.) 1960.

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Obituaries

JOHN ALASTAIR LOVE, M. D.

Dr. John Alastair Love, 57, of Moorefield, died at a hospital in Petersburg on May 30 following a brief illness.

Doctor Love, who was a native of Moorefield, was born on November 30, 1905, son of Dr. and Mrs. R. W. Love. He attended the public schools in Moorefield and was graduated from Washington & Lee University.

He attended the two-year School of Medicine at West Virginia University and received his M. D. degree from the Royal College of Physicians of Edinburgh, Scotland. He served an internship and residency at the City Hospital in Edinburgh.

During World War II, Doctor Love served in the European Theater with the Medical Corps of the United States Army and later as Medical Attache with the American Embassy in Sofia, Bulgaria. He was released from the Army in 1949 with the rank of Major and served as County Health Officer in South Boston, Virginia, before opening his practice at Moorefield in 1953.

He was a member of the Potomac Valley Medical Society and the West Virginia State Medical Association.

Besides his father, he is survived by two brothers, Raymond C. Love of Moorefield, and Ronald W. Love of Chase City, Virginia; and a sister, Commander Winifred Love of Norfolk, Virginia.

* * * *

MANUEL FRANCIS TORREGROSA, M. D.

Dr. Manuel Francis Torregrosa, 72, of Ashland, McDowell County, died in a hospital at Welch on June 26 after a short illness.

Doctor Torregrosa, a native of Las Marias, Puerto Rico, attended the College of William and Mary and received his M. D. degree in 1913 from the University College of Medicine in Richmond, Virginia.

He served an internship at the City Hospital in Richmond, 1913-14, and came to West Virginia two years later to serve as a physician for the United Pocahontas and Ashland Coal Companies.

Doctor Torregrosa was a member of the McDowell County Medical Society, West Virginia State Medical Association and American Medical Association.

He is survived by a son, Dr. Manuel F. Torregrosa, Jr., of Springfield, Virginia.

Congress on Medical Quackery

The Second National Congress on Medical Quackery, sponsored by the AMA and the Food and Drug Administration, will be held in Washington, October 25-26.

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In terms of dollars, when we contrast the scope of our current medical research effort to what we spend on other essential national activities, we are the gnat compared to the elephant.

In the fiscal year of 1962, the Federal Government allocated $677 million through the National Institutes of Health to defend us against crippling and killing diseases, as compared with $2.8 billion for our farm price support and related programs. It allocated only $102 million to defend us against cancer, the cause of approximately one death every two minutes, compared with $158 million for agricultural research, including the health of cattle and pigs.

It allocated $93 million for research against all heart diseases, America's number one killer, compared with $3.5 billion for the improvement of roads and highways.—David Sarnoff.

Despite all the furor concerning the rapid increase in the cost of medical care, the fact remains that medical care has increased in cost 2.25 times since 1935, while the consumer price index has increased by 2.17 times. Considering the fact that medical care is considerably more efficacious now than it was in 1935, and that part of the improvement has been due to relatively expensive medications, the slight difference in the inflation of medical care cost and the cost of living really doesn't amount to much. You can still say that medical care is the biggest bargain there is on the market today.—Journal of the Indiana State Medical Association.

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County Societies

BARBOUR-RANDOLPH-TUCKER

Dr. Roger P. Elser, Director of Special Education for the State Department of Education, and Mrs. Carolyn Gibson of the Coordinated Education Center at the University of Pittsburgh, were guest speakers at a banquet session of the 14th Annual Postgraduate Meeting of the Barbour-Randolph-Tucker County Medical Society on June 20 at the Elks Country Club near Elkins.

Doctor Elser delivered an address on "Opportunities for the Gifted in West Virginia," and Mrs. Gibson, a native of Elkins, spoke on "Advanced Educational Opportunities for High School Students." More than 70 persons, including the presidents of the County Boards of Education in Barbour, Randolph and Tucker Counties, attended the banquet which was preceded by a social hour.

The morning was devoted to a golf tournament and the afternoon to a scientific session. The speakers and their subjects were as follows:

Henry T. Bahnson, M. D., Professor of Surgery, University of Pittsburgh School of Medicine, "The Surgical Treatment of Diseases of the Aorta and Great Vessels."

Thomas McHenry, M. D., Pediatrician, Pittsburgh, "The Battered Child Syndrome."

Victor J. Cabasso, Sc. D., Head of the Virus Immunological Research Department of Lederle Laboratories, Pearl River, New York, "Progress in the Control of Measles and German Measles."

James B. Arey, M. D., Pathologist, St. Christopher's Hospital for Children, Philadelphia, "Acquired Intrauterine Disease."

During a brief business meeting which followed the banquet, Dr. Walter G. Leonard of Elkins was unanimously elected to membership in the Society.—A. Kyle Bush, M. D., Secretary.

* * * *

CABELL

Mr. Jim Comstock of Richwood, Editor of *The West Virginia Hillbilly*, was guest speaker at the regular monthly meeting of the Cabell Medical Society on June 13 at the Hotel Frederick in Huntington.

A social hour preceded the dinner which was attended by 97 members, wives and guests. Dr. Jack Leckie, the president, presided at the business meeting and expressed appreciation to members of the Auxiliary for their splendid assistance in the Sabin Oral program conducted by the Society.—W. L. Neal, M. D., Secretary.

* * * *

MARION

Dr. James E. Wotring of Fairview was elected president of the Marion County Medical Society at the

regular monthly meeting which was held at the Fairmont General Hospital in Fairmont on June 11. He succeeds Dr. C. S. Lawson, Jr., of Fairmont.

Other officers elected were as follows:

Dr. William T. Lawson, vice president; Dr. G. Thomas Evans, secretary; Dr. David Bressler, treasurer; and Drs. Frederick G. Shaffer, Jack C. Morgan and C. S. Lawson, Jr., members of the board of directors.

* * * *

MERCER

Dr. L. J. Pace of Princeton was presented with an award for outstanding achievement as President of the West Virginia State Medical Association during the regular monthly meeting of the Mercer County Medical Society at the West Virginian Hotel in Bluefield on May 20.

Doctor Pace expressed his appreciation to the members of the Society for the honor and presented a brief, informative lecture on medical legislation now pending before Congress.

Dr. Henry F. Warden, Jr., of Bluefield, chairman of the Society's "Operation Hometown" campaign, presented a program outlining the efforts to be put forth to offset the mounting pressure for King-Anderson legislation in the 88th Congress. He will be assisted by Drs. Frank J. Holroyd, E. Lyle Gage, Upshur Higginbotham, W. F. Hillier, Jr., Richard O. Rogers, Jr., and Charles M. Scott.

Dr. Ralph E. Haynes was named chairman of the Society's Sabin Oral program. Other members of the committee will be Drs. William M. Bruch, William Prudich, Joe E. McCary, John J. Mahood and Meryleen B. Smith.—J. Brookins Taylor, M. D., Secretary.

* * * *

MONONGALIA

Mr. Harry Hinton of Chicago, AMA Field Representative, was the guest speaker at the regular monthly meeting of the Monongalia County Medical Society which was held in Morgantown on June 4.

Mr. Hinton discussed the implementation of "Operation Hometown," the medical profession's legislative campaign which is designed to offset the mounting pressure for King-Anderson legislation in the 88th Congress.

Dr. W. Gene Klingberg, who served as chairman of the Society's successful Sabin Oral program, expressed appreciation to Dr. Michael A. Viggiano, County Health Officer, and eight Public Health nurses in attendance for their assistance.

Dr. W. E. King announced that he had visited University and Morgantown high schools and had left an adequate supply of the pamphlet, "Your Career Opportunities in Medicine," for distribution to junior students.

During the business meeting, Drs. Ruth Phillips Trotter and Richard A. Currie were elected to membership in the Society.—George A. Curry, M. D., Secretary.

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MINGO

Mrs. Robert J. Tchou was installed as president of the Woman's Auxiliary to the Mingo County Medical Society at the June meeting which was held at the home of Dr. and Mrs. Frank J. Burian in South Williamson.

Mrs. W. H. Price, a past president and charter member, also installed Mrs. Andrew H. Henderson as president elect: Mrs. Burian as secretary; and Mrs. J. E. Johnson as treasurer.

Mrs. Russell A. Salton presented Mrs. Burian, the immediate past president, a sterling silver bracelet as a token of appreciation for her leadership during the past year.

* * * *

OHIO

Mrs. Herbert G. Dickie, Jr., was installed as president of the Woman's Auxiliary to the Ohio County Medical Society at the May meeting which was held at the Wheeling Country Club. She succeeds Mrs. Harry S. Weeks, Jr.

Other officers installed by Mrs. Howard G. Weiler of Wheeling, president of the Woman's Auxiliary to the West Virginia State Medical Association, were as follows:

Mrs. C. B. Buffington, president elect; Mrs. M. D. Reiter, vice president; Mrs. John Mark Moore, treasurer; Mrs. Bradford McCuskey, recording secretary; and Mrs. Herman Rubin, corresponding secretary.

Silent Turnpike?

In reply to Miss (Rachel) Carson's assertion that there have been many deaths due to insecticides . . . there has never been one medically documented death due to the *proper* use of insecticides. Deaths due to improper use, according to the U. S. Department of Agriculture, totaled 89 last year. Improper use of any substance can cause harm or even death.

For example, aspirin alone accidentally kills about 150 a year, most of them children. No one has yet suggested we do away with aspirin—or with automobiles, which kill thousands of people.—Editorial in Journal of Iowa Medical Society.

Book Reviews

SURGERY OF THE CHEST—Edited by John H. Gibbon, Jr., M. D., Samuel D. Gross Professor of Surgery, and Chairman of the Department of Surgery, The Jefferson Medical College. Pp. 902, with numerous illustrations. W. B. Saunders Company: Philadelphia and London. 1962.

Surgery of the Chest presents thoroughly and lucidly the entire scope of modern thoracic surgery. It is a surgeons textbook written primarily from the surgical point of view. Pre- and postoperative evaluation and care in addition to surgical technique are presented most comprehensively. It does not attempt to completely embrace all of the non-surgical facets of chest disease.—John J. Schaefer, M. D.

* * * *

NEW AND NONOFFICIAL DRUGS—1963—Annual publication by the Council on Drugs of the American Medical Association. Pp. 902. J. B. Lippincott Company, Philadelphia and Montreal. 1963.

This is the annual publication of the Council on Drugs of the AMA and lists drugs generally available, but not included in the Pharmocopeia or National Formulary.

Each drug is described by non-proprietary name, chemical identity, actions, uses, limitations, contraindications, dosage, preparation, sources of supply and commercial name. Many monographs on recently evaluated drugs have been added and many have been omitted for various reasons.

The procedure for evaluation of drugs is described in detail. The drugs are described in 21 chapters under a fairly broad classification. The index is good and any drug can be found rapidly through its commercial name.

It is a highly informative reference book, if you want a deeper study of a preparation than is provided by the detail man's visit.—George F. Evans, M. D.

New Saunders Books

W. B. Saunders Company features the following new editions in their full page advertisement appearing on page vii in this issue:

Beeson and McDermott—"Cecil-Loeb Textbook of Medicine." The new (11th) edition of a world-famous text, with contributions by 173 noted authorities and details of over 800 diseases.

Graham—"The Cytologic Diagnosis of Cancer." An up-to-date revision explaining what can be learned from suspected smears through accurate laboratory methods.

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Psychiatry and Neurology:
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Stephen D. Ward, M. D.
David H. Smith, M. D.

Roentgenology:
William K. Kalbfleisch, M. D.

Clinical Laboratories:
Nancy Fondriest, M. T.

Technologists:
Electrocardiography:
Patricia Pastor, R. N.
Electroencephalography:
JoAnn Hastings
Roentgenology:
Evelyn Forester, R. T.

Business Managers:
John H. Clark
Lester L. Cline

INTERNAL MEDICINE IN WORLD WAR II—Infectious Diseases, Volume II. Prepared and published under the direction of Lt. Gen. Leonard D. Heaton, The Surgeon General, U. S. Army; Editor-in-Chief, Col. John Boyd Coates, Jr., M. C., U. S. A.; Editor for Internal Medicine, W. Paul Havens, Jr., M. D. Pp. 648. Office of the Surgeon General, Department of the Army, Washington, D. C. 1963. Price $6.75.

In the foreword by General Heaton it is stated that this is the 21st volume in the series relating to the United States Army Medical Department in World War II, and the second volume in the Internal Medicine group.

One of the considerations of the volume is the expansion of knowledge of certain diseases about which little was known before the war.

In comparison with World War I it is noted that in World War I there were 46,640 deaths from disease and 73 per cent of these were acute pulmonary ailments. In World War II with an army twice the size, there were 1285 deaths from pulmonary disease.

The book has 18 chapters by various authors, all experts in their medical field. Many of them concern "overseas diseases," rare in the USA of today, such as sandfly fever, dengue and malaria.

The book is designed primarily as an historical review of Army medicine and investigations into medicine conducted by the armed forces, or various civilian commissions associated with the services.

The book presents an excellent natural history of the various diseases and indicates treatment and control that were effective at that time. It is of particular interest to ex-medical officers, but as a text it is highly informative to any physician interested in the various diseases under review.—George F. Evans, M. D.

Books Received

ELECTROCARDIOGRAPHY: FUNDAMENTALS AND CLINICAL APPLICATION—By Louis Wolff, M. D., Clinical Professor of Medicine, Harvard Medical School. Pp. 351, with illustrations. W. B. Saunders Company: Philadelphia and London. Third Edition. 1962. Price $8.50.

* * * *

IMMUNOASSAY OF HORMONES (Ciba Foundation Colloquia on Endocrinology, Volume XIV)—By G. E. W. Wolstenholme, M. R. C. P., and Margaret P. Cameron, M. A. Pp. 419, with illustrations. Little, Brown and Company, Boston, Massachusetts. Price $10.75. 1962.

* * * *

PERIPHERAL VASCULAR DISEASES—By Edgar V. Allen, M. D., Nelson W. Barker, M. D. and Edgar A. Hines, Jr., M. D. With the assistance of Drs. John A. Spittell, Jr., John F. Fairbairn and John L. Juergens. Pp. 1044, with 367 illustrations, 7 of which are in color. W. B. Saunders Company: Philadelphia and London. Third Edition. 1962. Price $18.00.

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MARGIN OF SAFETY (A Doctor Tells the controversial inside story of the development of the polio vaccines)—By John Rowan Wilson, M. D. Pp. 258. Doubleday and Company, Inc., 575 Madison Avenue, New York 22, New York. 1963. Price $4.95.

* * * *

AN INTRODUCTION TO THE SCIENCE OF HUMAN BEHAVIOR—By John I. Nurnberger, M. D., C. B. Ferster, Ph. D., and John Paul Brady, M. D. Pp. 379. Appleton-Century-Crofts, New York City. 1963.

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The West Virginia Medical Journal

September, 1963 Vol. 59, No. 9

Stress Incontinence in the Elderly Woman

Nicholas W. Fugo, M. D.

While stress incontinence is of little or no importance insofar as longevity is concerned, it is of rather serious import with regard to the welfare and happiness of the elderly woman. Not only do embarrassing situations occur as a result of the condition, but also there is the possibility of organic disease as the result of constant wetting and irritation of sensitive genital tissues.

Stress incontinence is not an infrequent observation in women in the fifth and later decades of life and can occur regardless of whether the individual is nulliparous or of great parity. The condition can be acquired through trauma associated with parturition or it can be congenital. The congenital type is relatively rare while that associated with delivery is exceedingly common.

Origin

The origin of stress incontinence in all probability is due to the development of a urethrocele. Usually accompanying the urethrocele is a cystocele although the latter is not necessary for the occurrence of stress incontinence.

Whether the condition is congenital or acquired the same factors are of importance. These consist of lack of tissue tonus resulting from estrogen deprivation and congenitally poor connective tissue. This fact is borne out by the observation that stress incontinence is much more common in the white than in the negro woman, the latter possessing much more elastic connective tissue.

Old age is accompanied by loss of elasticity of connective tissue and by muscle atrophy. For these reasons aging is a common factor in the development of stress incontinence. It must be remembered that the female urethra corresponds only to the prostatic portion of the urethra in the male and consequently is very short. Because of the shortness of the urethra stress incontinence in the female is more common than in the male.

Submitted to the Publication Committee, December 20, 1962.

The Author

- **Nicholas W. Fugo, M. D., Professor and Chairman of the Department of Obstetrics and Gynecology, West Virginia University School of Medicine, Morgantown.**

Incidence

The incidence of stress incontinence is not definitely known, but loss of urinary control in varying degrees has been estimated at approximately 5 per cent of all adult women. The rate increases with advancing age and is distinctly correlated with the parity of the woman. The greater the parity, the greater the incidence. With present advances in medical science and the increase in life expectancy, the general incidence can be expected to increase. On the other hand, the improvement in obstetrical techniques can help eliminate the condition in younger age groups; it can be of little benefit, however, in overcoming incontinence resulting from connective tissue loss and estrogen lack.

It has been clearly demonstrated that a large percentage of women with stress incontinence have the condition as the result of poor muscle development and control. The pubococcygeus muscle which has as one of its functions the constriction of the bladder neck is poorly developed and some women are not even aware of its presence. It has been amply demonstrated that perineal exercises can, in many cases, completely correct stress incontinence provided the pubococcygeus muscle is intact.

When a patient presents herself with the complaint of poor bladder control it is necessary to determine what factors are involved and whether or not the symptoms are due to true stress incontinence.

In the aged female, neurological disease, pelvic tumor, trigonitis and, in some cases, emotional factors, are of importance. These frequently express themselves in a rather sudden irrepressible desire to void, the loss of urine being associated with the inability to reach the bathroom. This is not true stress incontinence.

Diagnosis

The great majority of cases of stress incontinence are obvious to the experienced examiner. Urethrocele and cystocele both are usually seen when the patient is asked to bear down after being placed in lithotomy position. Not infrequently there also will be an escape of urine from the urethra. Care must be taken to ensure that one is not dealing with a vesicovaginal fistula that might result from previous surgery or trauma.

Urethrocele and cystocele, if present, are best seen with a bivalve speculum inserted in the vagina and slowly withdrawn as the patient bears down.

Systematic studies are of some use although they need not be routine. They are based on a comparison of the normal and the relaxed bladder with regard to urine retention under certain degrees of pressure. The bladder fills as the result of ureteral drainage from the kidneys. The bladder wall relaxes until approximately 250-300 ml. of urine collects. At this point a desire to micturate occurs. If the bladder is not emptied at this time, no increase in intravesicular pressure occurs until the total capacity of the bladder is reached. Here the pressure rises slowly at first, then rapidly until the bladder is empty. By bearing down with the abdominal muscles additional pressure of 75 to 100 ml. of water can be gained. Under normal conditions, even with a full bladder, a cough or severe strain will not result in urine loss. It is therefore obvious that alterations in the position of the bladder neck must occur if the bladder is to be emptied.

In women with stress incontinence urine will be lost when coughing or laughing or when other forms of stress occur. Patients with cystocele retain urine after voiding so that catheterization following urination often reveals high residuals. It has been determined by cysto-urographic studies that the continent individual with cystocele reveals a downward and backward rotation of the bladder floor with a relative elevation of the internal urethral meatus. In the woman with cystocele and incontinence this is not true so that the internal meatus remains in the area of maximal hydrostatic pressure and is unable to resist increased pressure which results in uncontrolled loss of urine. The general belief is that inferior displacement of the bladder acts as a major factor in stress incontinence.

Therapy

There are two major types of therapy available to those afflicted with stress incontinence. Both are designed to restore the bladder neck to normal position. Surgical repair has been employed with satisfactory results in many cases. There have been devised many procedures which, regardless of their method of performance, have as their aim the restoration of the bladder and its relation to the urethral opening. There is a wealth of literature describing the techniques devised for correcting stress incontinence. These procedures can be carried out in many elderly women in spite of the increased surgical risk that accompanies age. These patients should have a complete medical workup which includes cardiac evaluation. Early ambulation and the use of elastic stockings both preoperatively and postoperatively will tend to diminish the hazard of complications. These patients should never be sedated heavily and, in our experience, spinal anesthetic whether it be single shot or continuous is the anesthetic of choice. Elderly patients not infrequently have an associated hypertension which can be best controlled by continuous rather than single shot spinal anesthetic.

In women of the older age group in whose cases surgery is contemplated for the correction of stress incontinence, hysterectomy should be performed in addition to repair of the urethrocele and cystocele. This is logical for a number of reasons. From a surgical viewpoint, better support for the vagina and bladder can be obtained by hysterectomy, utilizing the uterine ligament for support. Furthermore, the uterus has no known function except in pregnancy, and if left behind becomes a liability as a potential site of malignancy. The initiation of estrogen therapy which is of marked benefit to these patients not only from the viewpoint of maintaining sexual tissues but also in preventing osteoporosis and coronary disease, is a hazard when the uterus remains because of the possibility of vaginal bleeding. Once bleeding occurs, it is the physician's duty to assume that malignancy has developed until the possibility can be ruled out by curettement. If the patient is a good surgical risk the hazard of vaginal hysterectomy combined with anterior and posterior repair is not much greater than with repair alone, provided it is done by a competent gynecologist.

If the patient is a poor surgical risk or if there is no cystocele requiring repair, perineal exercises as advocated by Kegel are of great importance. With the perineal exercises the patient is taught to contract her pelvic musculature as frequently during the day as possible. This method is gaining in favor and popularity. Vaginal and perineal exercises are very valuable in patients suffering primarily from stress incontinence incidental to urethrocele without cystocele, also in regard to patients in whose cases surgery may not be desirable or feasible. A prolonged, well coached program of muscle exercises is necessary. In the pathology of stress incontinence restoration of the normal position of the bladder neck appears to be mandatory for relief of symptoms. Perineal exercises properly carried out will correct a large number of incontinent subjects but does little to correct the cystocele. In the presence of cystocele the procedure of choice and the one that yields the most satisfactory results is plastic repair of the cystocele followed by perineal exercises.

A firm vaginal canal well closed to a high level indicates normal development of the inner digitating fibers of the pubococcygeus muscle, whereas loss of tone and prolapse of the vaginal walls signifies weakness and atrophy of these minute digitations. The musculature of the median third of the vagina is readily palpated by means of the index finger introduced about 4 or 5 cm. beyond the introitus. On vaginal examination under normal conditions the finger meets resistance in all directions. The vaginal walls close snugly about the finger. In general, in older women with muscle relaxation and stress incontinence the findings are different. The walls offer little resistance to the examining finger, feeling loose and thin and of poor quality. From this palpation one can conclude that the digitating fibers of the pubococcygeus muscle are atrophied.

The patient is then asked to make a voluntary effort to contract the perineal muscles. Some individuals will respond by immediately retracting and drawing in of the perineum. Other patients will be unable to do so and are unaware of the ability to contract vaginal muscles. This is the group which benefits greatly by perineal exercises.

Perineal Exercises

The therapy is generally divided into two phases. First, the patient must be made aware of these muscles, especially the pubococcygeus which is the mainstay of all the supportive and sphincteric structures of the pelvis. No clinical improvement can be expected without activation of this muscle.

If the patient is unaware of the action of these muscles a finger is inserted in the vagina on the fibers of the pubococcygeus muscle and the patient told to utilize the muscle she would normally use in stopping the flow of urine or preventing a bowel movement.

Once the patient realizes the presence of these muscles the second stage of therapy can be entered upon. This consists of frequent and persistent exercise of the perineal muscles. With time there is an increased bulk in the pubococcygeus muscle. There is a marked improvement in the tone of all the muscles and fascial tissues of the pelvic floor. The vaginal canal becomes tighter, longer and firmer, with the disappearance of the symptoms of stress incontinence.

Estrogenic Therapy

It is of benefit to supply aged individuals with small amounts of estrogens. Diethylstilbestrol in doses of 0.5 mg. three times weekly is sufficient to increase the blood supply and maintain the vaginal mucosa in a healthy state. The addition of this medication is of great benefit in the correction of stress incontinence in conjunction with corrective surgery or perineal exercises.

Much has been said about the danger of estrogen administration in the case of the elderly woman. There is no evidence to prove that estrogens in physiologic dosage are carcinogenic in man.

There is, however, one difficulty with estrogen medication of which the physician should be cognizant. On rare occasions small doses of estrogens may give rise to vaginal bleeding. Since their use in these patients corresponds to the age group with the highest incidence of corpus carcinoma, it is not wise to attribute the origin of the bleeding to the medication. If bleeding occurs, the estrogens should be stopped immediately and the patient examined. If bleeding recurs after the initial episode has ended and medication has been withdrawn, diagnostic curettement should be performed. In most cases, however, estrogen dosage of 1.5 mg. of diethylstilbestrol per week will not be sufficient titer to cause estrogen withdrawal bleeding. These precautions are to be observed only in women with an intact reproductive system. In those cases in which vaginal hysterectomy in conjunction with plastic repair is planned, estrogen therapy should be instituted for several weeks prior to the surgical procedure and restarted a few days postoperatively. This medication not only will make the surgery easier to perform, but also will promote healing postoperatively because of better vascularization of the tissues.

In conclusion, then, when stress incontinence is diagnosed the condition of the patient should be evaluated. The presence of prolapse and cystocele should be taken into account along with that of the urethrocele. In some cases the patient is best treated by surgical repair while in others perineal exercises religiously carried out are of great benefit. The judicious use of estrogens along with the other forms of therapy will give satisfactory results.

References

1. Counsellor, V. S.: Methods and Technics for Surgical Correction of Stress Incontinence, J. A. M. A. 146:27, 1951.
2. Curtis, A. H., Anson, B. & McVay, C. B.: The Anatomy of the Pelvic and Urogenital Diaphragms in Relation to Urethrocele and Cystocele, Surg., Gynec. & Obst. 68:161, 1939.
3. Kegel, A. H.: Active Exercise of the Pubococcygeus Muscle. Progress in Gynecology 2:778, Grune and Stratton, 1950.
4. Kegel, A. H. & Powell, T. O.: The Physiologic Treatment of Urinary Stress Incontinence, J. Urol. 63:808, 1950.

A Stop Street to Medical Research

When even the Society for the Prevention of Cruelty to Animals opposes an anti-vivisection bill, it should be obvious that the bill is a bad one. Congress has before it two proposals to limit the use of federal funds in research projects using animals. The bills provide for licensing of persons and laboratories engaged in animal experimentation under federal grants. The experimenter would be harrassed by demands for elaborate preliminary blue-prints, for detailed step-by-step records, and a requirement for federal permission for any change in procedure. Written into each bill is a provision for a new bureaucracy to police the laboratories. Special agents would be appointed who could enter any laboratory, scan its records, and put a stop to any study if (in the inspector's opinion) the project was not following its approved design. Under one of the bills, a Commissioner of Laboratory Animal Control would be appointed with the curious specification that no one could be named Commissioner who had done work in that field.

These proposals assume that experimental animals are now being brutally mistreated, an assumption that is insulting to the dedicated men and women who have devoted themselves to this work for years. The SPCA is opposed to these bills—and no one could accuse that Society of neglecting the welfare of animals.

Medical research would grind to a halt if it could not use living animals for experimentation. No progress is going to be made if experimenters have to work on inanimate objects or dead animals. It is a curiously morbid turn of mind that would prefer to see human beings die of disease rather than permit researchers to discover causes and treatment methods.—The Journal of the Medical Society of New Jersey.

The Corneal Contact Lens and the Medical Profession

Albert C. Esposito, M. D.

As medicine continues its rapid progress in this atomic age, the advent of the common use of the corneal contact lens by our patients has become a reality, even before much of the background medical knowledge concerning this spectacular prosthesis has been widely disseminated. A textbook on ophthalmology which I have just reviewed mentions contact lenses but only briefly. To those of us who have been engaged in the ophthalmological field of corneal contact lens work since the inception of the lens in the forties, it is evident that additional knowledge in this field is necessary on the part of all who practice medicine today. This, then, becomes the basis of this paper.

Historically, contact lenses are not a product of the atomic age. There has been a gradual and at times painfully slow improvement in the contact lens field. Contact lenses were first described by the Italian, Leonardo da Vinci, in 1580, followed in 1637 by Descartes, in 1801 by Young and in 1827 by Hershel. Mueller, of Wiesbaden, in 1887, made the first glass contact lens for a patient of Doctor Seamish to protect the patient's cornea following surgery. Fick, of Zurich, Switzerland, in the same year, also had a glass contact lens made, using cadaver eyes as molds, and promoted the idea of use of the lenses in corneal disease and for refractive errors. Fick was the first to call the new prosthesis "contact lenses," or "kontackbrille." Benzoni, of Italy, and Sulzer, of Geneva, in this same period, reported not too favorably on the use of contact lenses.

Mueller, of Weisbaden, in 1909, developed a blown glass scleral lens with a fused clear corneal portion, to father the 20th century concept of the contact lens.

Carl Zeiss, Inc., introduced the glass contact lens in 1930 and Dallas, of Hungary, in 1933, introduced the idea of making molds from living corneas, and a fairly successful type of contact lens now became available. The necessity of a fluid, however, between the lens and the cornea rendered its use somewhat limited.

Mueller-Welt, in 1938, introduced the first fluidless contact lens and Muellen, of Boston, in 1939, invented the first plastic contact lens. Bier and Dallas, in 1946, made further improvement by producing scleral vents on the plastic contact lens to permit circulation of lacrimal fluid in and around it.

Submitted to the Publication Committee, November 28, 1962.

The Author

- **Albert C. Esposito, M. D., 1212 First Huntington National Bank Building, Huntington, W. Va.**

Tuohy, of California, in 1947, brought forth the corneal contact lens and started the present phase of the prosthesis. Tuohy's lens was based on the principle that there should be no fluid except a thin layer of lacrimal secretion between the cornea and the lens and that the lens should cover the cornea. I heard of Doctor Tuohy's lens that same year and it was then that my interest in corneal contact lenses really began. I first used this lens at that time and was pleased with the result. The Tuohy lens, then, was the forerunner of our present day corneal contact lens. Since then, many improvements and refinements such as multicurves, bevels, the bifocal type and prismatic contact lenses have been added.

The Contact Lens: 1963 Model

Today, the corneal contact lens is a tiny, button-shaped piece of transparent plastic available in various diameters and curvatures to fit the human cornea. The patient's actual refractive correction is ground onto the front surface of the lens. Unlike the older type, no fluid is required because it abuts the cornea, separated only by a layer of cushioning lacrimal secretion which acts to bathe the cornea continuously but which also, like roller bearings, allows the lens to move gently across the face of the cornea as necessary. Today's lens represents pronounced improvement over the older fluid lens and, having no scleral flange, causes very little irritation. Thus is begun the modern epic of corneal contact lenses, with a steady increase in demand and, accordingly, a like demand on the ophthalmologist's and the family physician's knowledge with regard to indication, contraindication and advisability.

Requisites for Successful Use

To wear contact lenses successfully, the patient must have primarily a strongly motivated desire for their use and, secondarily, a definite need for this particular prosthesis. The ophthalmologist

can make a final decision as to their applicability in a particular case only after careful and complete ophthalmologic examination and refraction to rule out active palpebral, conjunctival, corneal and intra-ocular disease. If any one of these is present, contact lenses are not advised.

Noncontraindications

Contact lenses may be safely prescribed in cases in which the following conditions are present: monocular aphakia in which the fellow eye has adequate vision, to help achieve a degree of binocular fusion; in selected cases of binocular aphakia to eliminate disturbing diplopia or the use of heavy, cataractous lenses; in carefully selected cases of healed corneal dystrophy; in keratoconus, the distorted cornea; in some cases of spherical refractive error of high degree, especially high myopia (near-sightedness), in which an increased image size and better vision often are the end results; in other selected cases of high ametropic refractive error, to avoid thick spectacle lenses; in cases of average myopia or hyperopia, as indicated; and in other selected postsurgical or neurological cases.

Contraindications

There are definite ophthalmological contraindications to the wearing of contact lenses, and the ophthalmologist and the family physician must so advise these patients. The conditions of contraindication are present in those patients who have recovered from a corneal dendritic ulcer; in those with a history of recurrent corneal erosion or dystrophy; in the diabetic, the syphilitic, and in others with corneal disease. The patient with hay fever, vernal conjunctivitis, or keratitis bullosa should not wear these lenses.

An Occupational Benefit

Many television, movie and stage personalities find that the contact lens answers a rather serious occupational problem. The sports contact lens with the scleral spur is available for football, basketball and baseball players, for swimmers, and for other athletes and has proven extremely successful.

Trial and Tolerance

If the ophthalmologist concludes that the patient may wear contact lenses he must, after careful measurements of the cornea with the keratometer and prescribing the lenses, instruct the patient in their use. The patient must have careful re-examination at regular intervals to determine whether or not he is adjusting to the lenses, whether or not the lenses fit well or need adjustment, whether or not they are well tolerated and whether or not, after a careful check of the cornea, there are any corneal erosions or abrasions present. If, after a reasonable trial period, with adjustments as necessary, the patient is unable to tolerate or wear the lenses satisfactorily, he must be advised that he will not be able to wear them. With careful screening at the time of the preliminary examination, however, very few persons need be told that they cannot wear contact lenses.

In some cases, inability to tolerate the corneal contact lens is due to a palpebral spasm, an allergy with regard to the plastic material of the lens, scleral irritation, marked nervousness, or improper fit. Corneal involvement is seen readily by means of the fluorescein stain, ultraviolet illumination and the slit lamp.

A spasm of the lids produces minute corneal abrasions by pushing the lens too tight against the cornea. These corneal abrasions heal readily after the lens is removed. By wearing the lenses for short intervals and gradually increasing the wearing time, the palpebral spasm may be relieved and the patient finally may be able to wear the lenses comfortably.

Individuals who are allergic to the plastic base of the lens can be fitted with glass lenses but these are not as flexible nor tolerated as well as the plastic lenses. Individuals with very easily irritated sclerae may never be able to wear this type of lens. This is true also of those who are very nervous. The task of inserting and removing the tiny lens can be a distressing and insurmountable obstacle for them.

Mechanics of Adjustment

The patient who can successfully wear contact lenses must be advised that they should be worn for a certain period daily and that they must be cleaned before each insertion in the eyes. Oils, foreign matter and finger prints must be removed. The lenses should be washed with a wetting agent such as methyl cellulose. They must always be placed on the cornea while wet. The patient is instructed to wear the lenses only as long as they are comfortable and to remove them from the eyes immediately if any discomfort develops. When not in use they must be kept in special containers in order that they will not become scratched, lost or warped. The right and left lenses are kept in separate containers, so marked as to be easily identified.

After a satisfactory wearing time has been developed, the patient may complain of various forms of discomfort, the most common among which are a stinging and burning sensation which may be due to too tight a lens (or too large a lens, too sharp a radius or too sharp a secondary curve), or the lens may not fit properly; or there may be photophobia if the lens is slightly overcorrected. A sleepy feeling is due to disturbed corneal metabolism with too tight a lens; blurred

vision is due to improper wetting of the lenses; corneal edema is due to switching of the lenses or too long a wearing time; a gritty or sandy feeling of the eyes, or the feeling of a foreign body, is due to dirty or contaminated lenses. Spectacle blur is produced by an apical touch of the lens to the cornea when the lens has too flat a curve. An ache in the eyes may be caused by wearing the lenses for too long a period; a moist feeling in the eyes is due to excessive lacrimation from the irritating effects of the lenses. Many of these symptoms vanish as the lenses are refitted and begin to fit better and as the patient develops confidence and ease in their insertion and removal.

Safeguarding the Cornea

The role of the patient's family physician and of his ophthalmologist is to safeguard the cornea and accordingly the visual ability of the patient by the proper pre-examination and careful evaluation to determine whether or not the patient would be benefitted by the use of contact lenses and to ascertain that there are no underlying diseases of the corneas, conjunctiva or lids which might seriously affect the corneal tissue and finally affect the patient's visual acuity and his ability to wear these lenses.

It is imperative that the family physician and the ophthalmologist work together to make certain that the patient's visual ability is protected and evaluated constantly.

Summary and Conclusions

Contact lenses have been improved greatly in the past decade and in carefully screened and selected cases may be safely prescribed and worn. Their use has become more widespread as new plastic materials have been introduced and the techniques of production have improved. The greatest danger in this field is the advent of the non-medical technician who, with no medical knowledge or background, is unable to judge accurately which patient is suited for this appliance, and whose only interest lies in selling this new product.

This paper is presented in an effort to help answer some of the many questions that other members of the medical profession may have relative to corneal contact lenses.

References

1. Esposito, A. C.: Contact Lenses, Am. J. Nursing 57:462-464 (April) 1957.
2. Esposito, A. C.: The Corneal Contact Lenses, Am. Pract. & Dig. Treat. 12:752-754 (Oct.) 1961.
3. Salvatori, P.: Contact Lens, Philadelphia, The Chilton Company, 1957.
4. Hasty, F. H.: The Ophthalmologist and Problems of the Contact Lens, South. M. J. 53:284-285, 1960.
5. Iliff, C. E.: Indications for the Contact Lens, Tr. Am. Acad. Ophth. 66:303-305 (May-June) 1960.
6. Constantine, E. F. & McLean, J. M.: The Contact Lens and Aphakia, Arch. Ophth. 51:212-215 (Feb.) 1954.
7. Ogle, K., Burian, H. M. & Bannon, R. E.: On the Correction of Unilateral Aphakia with the Contact Lens, Arch. Ophth. 59:39, 1958.
8. Welsh, R. C.: Contact Lenses for Aphakia, Arch. Ophth. 64:251, 1960.

Only A Dream

Do you know that I had a dream last night? I dreamed that my records were all done, and the boys in Chicago decided no more records; that all my patients paid me in cash; that I had a special parking place outside the hospital; that the doughnuts in the Coffee Shop were getting bigger and the holes in them smaller; that JFK said no more taxes in 1963; that I called the Admitting Office for some beds and Mrs. O'Brien said, "You may have all the beds you want"; that there is no such thing as virus; that Ben Casey and Kildare were real doctors; that Elliott Ness came into my office for a checkup and he drove up in a new Cadillac; that Medicare was a town in the Congo; that Gray's *Anatomy* read like a novel; that I had x-ray eyes; that I had the first IBM machine for diagnosis in my office; that I was the next guy to go up in the Space Capsule; that Social Security for doctors was just the name of another tranquilizer; that I was making calls in a Polaris submarine.

. . . Then the phone rang — and the patient said she was sick and had been for the past week and would I please come right down and give her a complete checkup. This was three o'clock in the morning, and then I knew that I had just been dreaming before the phone rang!—Letter to the Editor by Henry M. Gahan, M. D., which appeared in the Massachusetts Physician.

Special Article

Let's Get on With Our Work!*

Edward R. Annis, M. D.

TODAY I have a feeling of intense pride and profound gratitude. I am genuinely proud of this organization, the American Medical Association—an association with a glorious past, a truly marvelous present and a future both challenging and limitless. I am deeply grateful that I have been given the honor to serve as your President, to represent the more than 200,000 members of an organization that has contributed so greatly to the advancement of medical science and to the betterment of the public health.

During the past two years—first with the National Speakers Bureau and then as your President Elect—my travels have taken me into 40 states. These speaking trips have been stimulating and fruitful. They have given me a rare opportunity to observe the continuing progress of medicine and how its benefits flow to the American people, our patients, along an endless conduit composed of researchers, teachers and physicians. Like the legs on a three-legged stool, these essential elements of medical progress must function in concert; the success of all depends on the strength and integrity of each of the three performing his particular assignment with wisdom and dedication.

Medical Research

You will agree with me, I'm sure, that our indebtedness to the nation's researchers is beyond measure. Within the past decade or two, medical research has eclipsed man's most optimistic expectations. The achievements of the researchers in our laboratories, in our hospitals and even in outer space have immeasurably expanded our ability to detect, to prevent and to treat diseases of man while adding to his adaptability to new and challenging environments.

But research would have only limited value without dedicated teachers to translate discoveries into learning so that the end product of medical education, the physician, will be better equipped to bring his patient the highest quality of medical care. Education beyond the classroom is also vital to medical progress, since it is through the individual physician, and often through the efforts of many working together, that patients finally obtain the benefits of research.

The roles of researcher, teacher and clinician frequently are combined in our great medical centers as physicians demonstrate their willingness to share knowledge and ideas and responsibilities as they accept each new challenge and grasp each new opportunity to expand the medical horizons of this, the space age.

Medical Problems Varied

This is a big country. Like its climate and its terrain, its medical problems are many and varied. People who live in the hills have different problems than those who reside in the valleys. And the medical problems of great cities often do not exist in the smaller communities which dot our nation. Wise solutions of problems in one area may have no practical application in another.

Therefore, honest and honorable physicians have dedicated themselves to finding solutions to their own problems, without trying to make their decisions apply universally. For example, in northern New England I have seen demonstrated a need for medically-trained ski patrols because of patient needs attendant to the weekend visits of the thousands who take to the slopes when the snow is right. But winter ski patrols would serve no useful purpose in Miami where we have our own specific medical problems by virtue of exposure to the sun, the sea and the Everglades.

So just as the strength of America is grounded on strong local government with individual responsibility, so also the strength of medicine is derived from the individual physician and his

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*Presented before the House of Delegates of the American Medical Association during the 112th Annual Meeting in Atlantic City, June 19, 1963.

ability to work with his fellow physicians in the solution of basic problems everywhere, along with his additional acceptance of responsibility to solve those problems which may be uniquely his own or his confreres.

Now more than ever before, there is an obligation for all of us to waive or at least to minimize any differences *between* or within regions, specialties or organizations and to stand together on fundamental principles of medical care and medical practice, of enterprise and freedom for which our great Association has striven in the last 116 years.

To weaken ourselves from within when the enemy without is bold, strong and tough would be extreme folly on our part. To stand firmly united is a source of strength to all our members and our allies and a deterrent to our foes.

We already know that the united efforts of medicine and its allies in the health field, working via the many channels of communication, have encouraged and stimulated great medical progress. Our new drugs and new surgical techniques have become of inestimable value because many have labored so that the greatest number of physicians could be made aware of their existence, their use and their potential.

Dissemination of Scientific Information

The American Medical Association especially has been in the forefront in the dissemination of new scientific information. Through its world famous Journal and the 10 specialty journals, through great medical postgraduate sessions such as this 112th Annual Meeting, and through its scientific councils and committees the AMA has been the scientific leader in the world as it brings its members and all physicians the new ideas of research, the new findings and the practical application of new knowledge so that you and I can dispense it to our patients.

As a result of a job well done in this field of scientific medicine, which is the prime reason for our existence, the AMA has gained both influence and respect. And these together form a bulwark for the tremendous potential for future accomplishment.

But the ultimate measure of the success of our scientific endeavor can be gauged only as it is reflected in the betterment of the public's health.

In a big nation it takes a big organization to serve a big profession and a big population scientifically. The founders of the AMA dedicated our organization to the promotion of the science of medicine, and for more than 10 decades men and women of medicine have carried out this purpose. In this age of space it is our duty to renew and redouble our scientific efforts so that our American people may live well and live even longer.

Americans hunger for news about medicine. Repeatedly in press, radio and television conferences I have been asked about new developments in medicine and what they hold for our people. Indeed, public interest in health and medicine may be at an all-time high as evidenced by (1) the popularity of medical TV programs, (2) the wide use being made of the AMA public service spots on television (335 stations using an average of 20 a month), (3) the fact that 2,200 radio stations are using AMA "Health Tip of the Day" spots, (4) the increasing number of health articles appearing in magazines, trade publications and house organs, (5) the number of health columns being carried by newspapers in addition to news and feature articles on health subjects, and (6) surveys of newspaper and magazine readership which show health and medical articles at the top or near the top in popularity.

Because of this avid interest of the American people we must continue to inform them about the American Medical Association as a scientific organization which has the knowledge, the know-how and the means of distribution to assure them of the best that medicine can offer.

Tell the True Story

I feel that if we can continue to tell the true story of American medicine through the press, radio, television and magazines, there will be (1) an increased public understanding of health and health problems, (2) an increased public understanding of the American Medical Association, and (3) an increased public understanding of our unique system of medical care and its advantages.

I can say with honesty that a truly remarkable job has been done by the officials and staff of the AMA, by state and county medical societies and by hundreds of individual physicians in a great effort to bring to the people the real story of American medicine and its achievements. Still, more can be done. For example, as a number of physicians and others have suggested to me, the AMA might undertake a regular nationwide television program devoted to the science of medicine and the conquest of disease. The story of medicine has excitement, drama and tremendous human interest.

Such a national program, I'm sure you will recognize, has vast possibilities for enhancing public understanding of the truly marvelous story of medical science. Certainly it would be an expensive undertaking, and I am not proposing it; I am simply passing along one idea for your consideration.

When the people have the truth and the facts about American medicine and the AMA, they will become aware of the preeminent position of medicine in the United States compared with other countries and they will resist with increasing strength the efforts to impose upon them any inferior alien system, no matter how it is disguised.

Unfortunately for the medical profession and its patients, a kind of plague has filtered across the face of medicine in recent years, spread by political opportunists who are dedicated to the destruction of medicine as a free institution as a means of gaining economic and political power over the American people. Their tools are those of the charlatan and the demagogue—misrepresentation, false labels, half truths. With emotional appeals designed to stir the heart strings of America, they have fabricated a false portrait of need and destitution, they have sought to create a distorted image of American medicine, they have tried to downgrade private enterprise, to condemn individual initiative and self-reliance, and to discredit constitutional government with its checks and balances and safeguards designed to protect our liberties. And they have criticized worthwhile legislation as they have proposed compulsory, federalized programs as the cure-all for the ills they conjure up.

Fortunately, most Americans are honest, intelligent and wise in their ultimate decisions when they know and understand the extent of a problem. Wherever our position is known and understood, we have strong support. Those who know the true story of medicine recognize its real worth, and they are willing to work with us to correct any shortcomings and to improve the distribution of medical care to all of our citizens irrespective of their financial condition.

'Something for Nothing'

Those who know and understand medicine, its deficiencies as well as its virtues, are our strongest allies, but the threat to medicine will continue as long as false leaders seek political advantage in promising something for nothing, in promising panaceas which they are unable to deliver. This threat will continue until the time when you and I have successfully brought our story to the American people.

I remind you that the onslaught of the socializers and the adversity of recent years have not been totally to our disadvantage. Our patients, the American public, have been alerted to examine our system of medical freedom and to compare it with what they hear about and read about the government-controlled system in other lands. And the comparison is all to our advantage. We also have seen a closing of our own ranks, a greater appreciation of our common goals, and a greater loyalty developed within the profession itself.

As Doctor Fister recently said: "Our profession has always grown stronger in the face of crisis. These past few years will be recorded as those in which the medical profession has gained significant victories for the free practice of medicine."

The American Medical Association has the vitality and the strength and the opportunity to serve as a nationwide forum for all allied health groups and for all who are sincerely dedicated to improving the nation's health.

Promoting Good Health

There are so many dedicated persons in this nation whose aims and objectives are akin to our own—local, state and national statesmen honestly concerned about the health of our people: churchmen, welfare workers, farmers, businessmen, lawyers, community leaders, innumerable representatives of voluntary health agencies, and great numbers of co-professionals in allied health fields—all of whom can be brought into one great council to promote good health, to improve the quality and distribution of medical care which all honest men and women desire, and equally important, to turn the tide back toward a national dedication to the fundamental values of individual liberty and less concentration of power in the federal government.

The American Medical Association is the vehicle which can blend all of these multiple efforts under one cooperative and effective banner.

Destiny lies with us if we but assert the statesmanship and the leadership which are so necessary to achieve these ultimate goals. But the role of leadership carries great responsibilities, and responsibilities must begin at home.

We must continuously expand our efforts to see that no one is denied medical care because of inability to pay. We must strengthen all programs to place physicians where they are needed.

We must increase our support of medical education.

We must double and triple our contribution to the student loan fund so that more students can help themselves obtain an education.

We must continue to study, to work and to bring the results of all these efforts—and hundreds more—to our patients.

We need cooperation with one another as never before, because how can we ask of others more than we ask of ourselves?

This will not be an easy task because, as someone has pointed out, the only place where "success" precedes "work" is in the dictionary.

Our effort may not be inexpensive because that which is good cannot be obtained quickly, cheaply. If we expect great things from a great organization for a great profession and for a great nation, we must be willing to bear the cost in time, in endeavor, and in dollars.

King-Anderson Bill

And finally, we cannot with impunity diminish our efforts to win an ultimate victory in the political war which has been thrust upon us. We have heard from several quarters that the Administration and its allies have become so preoccupied with other legislative priorities that the King-Anderson Bill will be permitted to languish in committee the remainder of this year.

And well it might. Nevertheless, hearings on this issue have been tentatively scheduled for mid-July and I for one would not care to predict what course the Administration will pursue following the hearings.

You may be sure that we will present the committee with an abundance of truth and fact to support our case that this legislation would be detrimental to the nation's health and would be unwise, unjust, economically unsound as well as totally unnecessary.

But it is also imperative that we be prepared for any eventuality, that we anticipate any move the Administration might make in the hope of catching us off guard. We cannot know for sure what strategy the Administration is planning. It would be unmitigated folly for us to allow ourselves to become complacent and inactive on the assumption that our enemies will bivouac until sometime next year. Our campaign must be geared not just to the possibility but to the probability that the Administration will launch a massive assault this year.

If so, we must be ready. If not, we will have gained immeasurably by taking advantage of the time and opportunity to move forward toward our ultimate goal—the creation of a nationwide climate so overwhelmingly opposed to this legislation that even its most ardent congressional advocate will have no taste for it at any time in the foreseeable future.

Work Precedes Success

Again, may I suggest that in this endeavor, work will precede success. Sixty years ago when Sir William Osler addressed the students of Toronto on the subject of "The Master Word in Medicine" he said:

"It seems a bounden duty on such an occasion to be honest and frank, so I propose to tell you the secret of life as I have seen the game played and as I have tried to play it myself.

"You remember in one of the jungle stories that when Mowgli wished to be avenged on the villagers, he could only get the help of Hathi and his son by sending them a master word. This I propose to give you, in the hope, yes, in the full assurance, that some of you at least will lay hold upon it to your profit. Though a little one, the master word looms large in meaning. It is the open sesame of every portal, the great equalizer in the world, the true philosopher's stone which transmutes all the base metal of humanity into gold.

"The stupid man among you it will make bright, the bright man brilliant, and brilliant student steady. With the magic word in your heart all things are possible, and without it all study is vanity and vexation. The miracles of life are with it; the blind see by touch, the deaf hear with eyes; the dumb speak with fingers. To the young it brings hope, to the middle-aged confidence, to the aged repose. True balm of hurt minds, in its presence the heart of the sorrowful is lightened and consoled.

"It is directly responsible for all the advances of medicine during the past 25 centuries . . . Not only has it been the touchstone of progress, but it is the measure of success in everyday life. Not a man before you but is beholden to it for his position here, while he who addresses you has that honor directly in consequence of having had it graven on his heart when he was as you are today. And the master word is work, a little one as I have said, but fraught with momentous sequences if you can but write it on the tablets of your heart, and bind it upon your forehead."

As students of the present and with hope for the future, we may again review Osler's prophetic closing remarks in which he said:

"Much has been done, much remains to do; a way has been opened, and to the possibilities in the scientific development of medicine there seems to be no limit."

Ladies and gentlemen, let us get on with *our work.*

Special Article

The Functions of a Cardiovascular Diagnostic Laboratory*

Robert J. Marshall, M. D., Russell V. Lucas, M. D., and David Z. Morgan, M. D.

Diseases of the heart and circulation account for over 50 per cent of deaths annually in the United States. They are equally important as major causes of prolonged disability and, as such, impose an economic burden on the individual family and on society in general.

In a small but important group of patients with cardiovascular disease, surgery can provide either cure or palliation. Its success is dependent both on operative skill and accurate preoperative diagnosis.

An adequate history and a thorough physical examination, supported by readily available tests such as the electrocardiogram, fluoroscopy, blood counts and x-ray films of the heart and lungs, remain the cornerstones of diagnosis. If operation is contemplated, it is the physician's duty to acquaint his surgical colleague with the fullest possible information about the patient. This comprises not only an anatomical diagnosis, but also physiological assessment of the effects of the lesion or lesions and, often times, pharmacological assessment of the behavior of the heart chambers or vascular beds that are involved.

For example, the diagnosis of mitral stenosis generally can be made with confidence on clinical grounds. Unfortunately, it is not always possible to be certain of the severity of an associated valve lesion such as aortic regurgitation. In some cases, severe mitral stenosis completely masks the presence of such a complicating lesion, so that in the absence of suitable preoperative studies it becomes manifest only at the time of surgery. Mitral systolic murmurs of grade 1 or 2 intensity are frequent in cases of mitral stenosis; it may be impossible to decide without special studies whether or not they are indicative of associated valvular regurgitation. In the older patient, there may be doubt as to whether the dyspnea is entirely the result of the valvular obstruction or whether it is due partially to coexistent pulmonary disease; the answer to this question has an important bearing on prognosis. Again, in patients with radiographic evidence of increased resistance to the flow of blood through the pulmonary arterial tree secondary to long-standing mitral stenosis, it is important to know whether the resistance is "fixed," due to organic changes in the pulmonary arterioles (and therefore likely to remain a serious handicap even after a technically satisfactory operation), or whether it is labile, due at least in part to vasoconstriction (and therefore likely to improve after operation).

Similar remarks apply to patients with congenital heart disease. Even in infancy, clinical observation and readily available laboratory data are sufficient to reduce the number of possible diagnoses to a very few. Thus, special studies are made, not so much to identify the main defect as to define its severity, to confirm or exclude the presence of associated defects, and to obtain certain very specific anatomical details.

For reasons such as these, a cardiovascular diagnostic laboratory is necessary in centers in which extensive cardiovascular surgery, including whole body perfusion techniques, is performed. Such a laboratory requires adequate space, much expensive monitoring and radiographic equipment, and highly skilled technical personnel. In order that its facilities may be put to the best

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Table 1

Diagnostic Categories

Age	Innocent Murmurs	Congenital Heart Disease	Acquired Heart Disease	Hypertension & Vascular Disease	Mediastinal & Pulmonary Disease	Other	Total
0- 1	1	30	0	0	0	3	34
1-15	8	53	0	2	1	0	64
16-30	5	13	10	4	1	0	33
31-40	1	7	9	4	0	0	21
41-50	1	0	9	12	0	0	22
51-60	0	0	4	19	1	0	24
61-70	0	0	2	16	1	1	20
71-80	0	0	0	6	1	1	8
Totals	16	103	34	63	5	5	226

use, unusually close cooperation and communication between professional personnel from a variety of disciplines, including internal medicine, pediatrics, surgery, radiology and the basic sciences, are essential.

The cardiovascular diagnostic laboratory at West Virginia University Hospital has been in full operation since December 5, 1961. Its facilities include:

(1) *Radiographic equipment.*—Fluoroscope with image intensifier tube and closed-circuit television monitoring. Biplane angiocardiograph. Cinéangiograph. Pressure injector.

(2) *Monitoring equipment.*—Monitoring console with 18-channel oscillograph and 8-beam oscilloscope. Pressure transducers; cuvette and carpiece oximeters; densitometers; cardiotachometer.

(3) *Gasometric equipment.*—Van Slyke apparatus; pO_2, pCO_2 and pH meter (used jointly with the respiratory function laboratory).

(4) *Ancillary equipment.*—Constant-load cycle ergometer; treadmill.

The application of these facilities to cardiovascular diagnosis can be illustrated best by an analysis of studies performed the first year of operation (Table 1). For convenience, the data relate to the period December 5, 1961 to December 31, 1962. Special studies in cases of patients with cerebrovascular disease come within the province of the division of neurological surgery and are performed in the cardiovascular laboratory only in exceptional cases. Similarly, arteriography of the extremities normally is performed by the department of surgery. These investigations are not included in this report.

Innocent Murmurs

During childhood, adolescence and early adult life it is not uncommon to encounter patients with systolic murmurs along the left side of the sternum, and less frequently elsewhere, for which there is no apparent cause. They are more likely to be heard in patients with unusually shallow chests or with depression of the sternum. In most cases the patient or his parents can be assured that the murmur is innocent or "functional." Occasionally, particularly when there is an additional finding such as incomplete right bundle branch block shown electrocardiographically, suspicion of a congenital anomaly such as a small atrial septal defect or mild pulmonary stenosis may be aroused. A more cogent reason for performing special tests exists when the patient or his parents are convinced that he has heart disease, or when problems exist about fitness for physical education, employment, or acceptance by an insurance company. We believe that cardiac catheterization may then be warranted. In this group of patients the procedure is virtually devoid of risk and is limited to measurements of pressure and oxygen saturation of blood in the right side of the heart and pulmonary artery and to indicator dilution curves. The relief expressed by the family on physiological proof of normality provides adequate justification for the procedure.

Congenital Heart Disease

The diagnoses made are listed in Table 2.

Table 2

Lesion	*Number Of Cases*
Atrial septal defect (secundum)	9
Lutembacher's syndrome	1
Atrioventricular canal defects	4
Left ventricle-right atrium shunt	2
Partial anomalous pulmonary veins	1
Total anomalous pulmonary veins	2
Ventricular septal defect	21*
Tetralogy of Fallot	10
Single ventricle with pulmonary atresia	2
Functional single ventricle with pulmonary atresia	1
VSD with coarctation	2
VSD with PDA and pulmonary stenosis	1
VSD with pulmonary stenosis	1
Patent ductus arteriosus	6
Isolated pulmonary valve stenosis	5
Isolated pulmonary infundibular stenosis	1
Anomalous muscle bundles in the RV (with or without pulmonary stenosis)	7*
Cor triatriatum	1
Congenital mitral regurgitation	3
Congenital subaortic stenosis	2
Congenital aortic valve stenosis	2
Aortic atresia with hypoplastic LV	1
Transposition	5
Corrected transposition with pulmonary stenosis	2
Right-sided aortic arch	1
Double aortic arch	1
Coarctation (isolated)	7
Congenital aortic ectasia	1
Aneurysmal aortic valve sinuses	1
	103

* Includes one postoperative study.

Acquired Heart Disease

These were mainly patients with lesions of the mitral and aortic valves, alone or in combination. Other lesions of interest included constrictive pericarditis, thrombo-embolic pulmonary disease with paradoxical embolism, idiopathic pulmonary hypertension, aneurysm of the left ventricle and complete heart block (insertion of catheter-tip electrode to provide adequate pacing of the ventricles prior to surgical implantation of a pacemaker).

Hypertension and Vascular Disease

Of 20 selective renal arteriograms, 11 were normal and 9 abnormal, showing various types of renal occlusive arterial disease (atherosclerosis, fibromuscular hyperplasia and embolism). The two patients with severe hypertension of recent onset and stenosis of a renal artery who have had operations are now normotensive.

Other studies provided examples of stenosis and occlusion of the brachiocephalic vessels, the superior mesenteric artery, the terminal aorta, and the iliofemoral vessels. There were cases of saccular, fusiform and dissecting aneurysm of the splenic artery. Less common lesions included bilateral renal venous thrombosis, stenosis of the superior vena cava from fibrous mediastinitis and extra-adrenal pheochromocytoma.

Mediastinal and Pulmonary Disease

These tests were performed to delineate abnormalities of the pulmonary arterial circulation in patients with carcinoma of the lung and with parenchymatous lung disease, and to demonstrate mediastinal tumors.

Other

These were studies in infants with Holter valves and in adults with carcinoma of the bladder (pelvic arteriograms).

Summary

The functions of a cardiovascular diagnostic laboratory are outlined and illustrated by the experience gained during the first year of operation of the Laboratory at the West Virginia University Hospital.

To Physicians in Training

To all physicians in training and especially West Virginia residents: West Virginia is in need of physicians in all categories for rural and urban practice. Any physician desiring information concerning openings in the State can communicate with *The Journal*. *The Journal* will publish free for 6 issues pertinent information concerning any qualified physician who is seeking a location in West Virginia. Single copies of *The Journal* listing practice opportunities will be mailed to physicians upon request.

A roster containing a list of officers of county societies and specialty sections of the West Virginia State Medical Association is available upon request to the headquarters offices. Also, information pertaining to West Virginia licensing laws will be mailed to interested physicians. Interested parties may then write the officers of component societies or sections for further information.

Any other information about West Virginia will be secured from outside sources, if possible, and sent upon request. All letters to *The Journal* will receive individual and immediate attention.

Special Article

Humane Treatment Is Not Anti-Vivisectionism

Hon. Jennings Randolph

United States Senator

I appreciate this opportunity to respond in the pages of *The Journal* to the August article on the so-called "anti-vivisectionist" bills now before the Congress. I will be frank to state that some of the peripheral values which I had hoped would emerge from the introduction of my bill, S. 1041, were that it would help stimulate a more reasonable dialogue between the scientific and medical research community and the humane societies. To date, this has not been so, and I regret that *The Journal* article has not helped to clarify the level of discourse on this important problem.

What disturbed me most in *The Journal* article was not the blanket indictment of several different bills under the general and misleading category of anti-vivisectionism—though I shall return to this point later in my discussion. Rather, a much more unfortunate, and in my opinion, dangerous feature of the article was its apparently total reliance on pre-digested information and predetermined conclusions furnished *The Journal* by the National Society for Medical Research.

It is particularly disturbing when one reflects that the average doctor is much too busy with his practice to follow the details of such legislation, and relies on his professional journals at both the state and national levels. It is, therefore, of primary importance that the opinions expressed in such journals be based on independent and scholarly evaluation of the facts rather than on a "position" handed down from above. The medical profession has quite rightly been concerned about the centralization of power and opinion in the Federal government, but I would respectfully suggest that the problem exists in other segments of our society as well.

With reference to pending legislation on humane treatment for experimental animals, I do not intend in this reply to evaluate each of the bills previously referred to in the August issue of *The Journal*. Rather, I shall explain my bill, S. 1041, the context of thought from which it emerged, and the general problem before the Congress.

First, my proposal is definitely not an anti-vivisectionist bill, nor is it supported openly or covertly by anti-vivisectionist groups. As I stated on March 7, 1963, when I introduced S. 1041, "It is my opinion, based on my own study as well as the testimony of experimental scientists, that proposals for the humane treatment of experimental animals submitted to the Congress in previous years have contained provisions which might unnecessarily hamper the orderly progress of scientific research. It is for this reason that the measure I propose would place the appraisal and enforcement activities with the present grant-making structure of Federal agencies disbursing research and training funds, and thus encourage the scientific community to police its own ranks in this respect."

With this end in view, my measure was drafted in close consultation with several experienced and highly skilled laboratory scientists who use vertebrate animals in their own research, but who are also sensitive to the genuine problems of achieving humane standards in the treatment of such animals. I might add, in passing, that it advances neither the cause of scientific research nor the standing of the medical profession for opponents of such measures to declare that no abuses exist. Too much documentary evidence has been advanced against this contention, and the ferment regarding this question in some segments of the scientific community is in itself evidence of the existence of the problem.

My proposal would simply embody in the present grant-making procedure of each agency disbursing Federal funds certain broad criteria for the humane treatment of animals. These criteria would be implemented by the governmental and nongovernmental committees of scientists who now approve applications for research grants, and would thus be incorporated with the scientific criteria of the present evaluation procedures.

Briefly stated, the criteria set forth in S. 1041 are as follows: (1) anesthetization of the animal in a pain-inducing experiment unless it would "materially interfere with the objective of the

experiment"; (2) painless disposal of the animal after the experiment if its survival is not required, and the observance of aseptic conditions after the experiment if the animal is maintained alive; (3) maintenance of proper food, water and housing conditions; (4) segregation of animals infected with pathogenic organisms; and (5) maintenance of accurate records.

I submit that none of these conditions would place an undue burden on a responsible scientific investigator, nor would they require any more paperwork or reports than are now required for the qualification of Federal supporting funds.

Since my proposal, unlike most of the others now before Congress, would not attempt to reduce the conditions of care and treatment to an exact written formula, but would leave the power of discrimination to the grant-making scientific committees, it has received considerable support from practicing scientists and from members of the medical profession. Representative of such support is that which I have received from the Assembly of Scientists, a voluntary group of more than 300 scientists in the Institute of Neurological Disease and Blindness and the Institute of Mental Health, both of which are part of the National Institutes of Health.

Finally, Section 5 of S. 1041 specifically sets forth provisions for research in laboratory animal husbandry and other features which are, according to *The Journal* article, presently being contemplated by the National Society for Medical Research.

I would again urge the medical profession and the scientific community not to deny to others an equal concern for the welfare and advancement of science. The Congress has in recent years been generous, perhaps overly generous, in appropriating funds for medical research. And it is doubtful that there is a major medical research activity in this country that is not drawing a substantial proportion of its support from the American taxpayer.

This support should not be offered begrudgingly. But by the same token, as representatives of the American people, Congress has the right and the responsibility to see to it that these funds are disbursed on the basis of standards consistent with a humane and ethically oriented civilization. This is the purpose of my proposed legislation.

The Family Unit and the Physician

Are men to be deprived of the privilege of work when they reach the age of 65? Are they to look forward to 35 years of inactivity? By 1957 there will be some 25 million persons over 65. Will they be a vast national burden or will they become a national asset? Scientific advance in nuclear energy and automation is going to free us, for the first time in history, from much of the burden of economic need. When we do not have to work, we shall come face to face with the interesting query, what is the purpose of civilized, scientific, twentieth century man?

A distinguished physicist, Boris Pregal, President of the New York Academy of Science, foresees the leisure-stricken, the man who finishes his 20 hour week and has nothing to do. Each one of us needs to keep active if our lives are to have meaning. The threat of leisure and the privilege of work is upon us today. When a body and a mind become inactive, deterioration sets in. When a man retires from life, life retires out of him.

The happiness and security of our family life in tomorrow's society will be largely determined by the way in which we solve the problems of our senior citizens. The time is appropriate for a long-range research program directed, first, to a clinical appraisal of those approaching present retirement age limits to ascertain their physical and mental status; second, to study ways and means to keep older persons active so that they may continue as contributing members of society.

The well-adjusted elder has much to contribute to his immediate family; he should have an active part in the community life. Part-time activity for older citizens has much to offer. But building new social patterns takes time. It requires imagination and leadership. It must be based on careful study. We all have a stake in building such a society. There is already a great amount of practical knowledge which is not being used. "There is nothing in the world so powerful as an idea whose time has come," spoke Victor Hugo.

Those of us who have reached the mellow years of maturity now have the blessed opportunity of contemplative leisure—to be apart and rest awhile. With the lessening of pressure and the quieting of the busy world, reflection can well become creative. One of the most serious needs, particularly for those caught in the high-pressure daily drives of modern living, is the chance for such leisure time. For, all to frequently, persons become the victims of accumulated emotional and nervous exhaustion. The retreats planned by the various religious denominations serve a most important purpose. During the long weekends from Thursday to Monday there is time for quiet walks and creative solitude. In these turbulent times family problems and relationships may be more gently and generously surveyed when one is withdrawn from daily routine.

I am sure that many of you have a devotion similar to the memory I have of my beloved father who was, although not a physician, the best teacher I have ever known. You will find the key to his character in one of his suggestions: "Son, have an all-absorbing motive—make yourself necessary." Across the years, although he died in 1939, the ties that bind our family together have been sustained by those intangibles we know as a family group. In some ways my father is closer to me now, and I understand him better than I did in earlier years.

There needs to be an awakening on our part to mobilize the information already available. So much disease and deterioration can be prevented. Had we known 20 years ago what we, in medicine, know today, my father's life could have been saved. It is possible to delay the break in family circles by premature death if we mobilize the information now available. Healthy, devoted members make for healthy families. Healthy families make for healthy communities.—Edward L. Bortz, M. D., in Journal of the American Medical Women's Association.

The President's Page

Salutatory

I enter upon my duties as President of the West Virginia State Medical Association with mixed feelings of pride in the Association representing a great profession, and humility, well knowing my human limitations; I ask for forbearance and help from all members of the Association, and from the fine presidents who have preceded me, and for divine guidance in facing the problems that lie ahead. I desire all of my professional colleagues to understand how very much I appreciate the great honor that has been given me.

The year ahead will be filled with a variety of problems, many of which will be a continuation of those we have been experiencing, which are due in part to both the changing society in which we live and to the violent trends that some of these changes are taking in the thought and action of man. Demanding solution will be other problems intrinsic to the profession itself, being of equal importance for the maintenance of the present high professional standards in the care and treatment of patients and in the field of preventive medicine.

We, in the profession, well know that the private practice and art of medicine, as we know it, is at the crossroads of change, and the course that it is to follow will be determined in the immediate future. The future course of medicine, as well as all individual enterprise, will be largely determined by both the attitude of the profession and those groups in our social and economic structure who still cherish the basic ideal of the freedom and dignity of man.

May I stress, at this point, the great importance of close cooperation between the State and County Medical Societies, in the solution of all of the problems to be presented, and the necessity for close liaison between these groups. In addition to the above, may I ask for the help, complete cooperation, and coordination of the Woman's Auxiliary on both the state and local level, without which complete success is unattainable.

I shall be in contact with all of the groups mentioned, requesting your assistance, from time to time. Understand that your interest and desire to help organized medicine will be greatly appreciated, and your ideas gladly received and seriously considered.

Charles L. Goodhand

Charles L. Goodhand, M. D., President

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EDITORIALS

MEDICAL CERTIFICATION

The physician's responsibility for *promptly* and *accurately* completing that section of the death certificate referred to as the "Medical Certification" is too frequently underestimated. Immediately upon the event of death, the family of the deceased is confronted with numerous problems which delayed certification will aggravate. Burial permits require a proper certificate; legal proof of death must precede settlement of an estate; and real hardship results when insurance claims, social security or retirement benefits, or public assistance payments must be withheld.

Death certificates also are an integral part of the vital statistics of West Virginia and the nation. By classifying and tabulating the information on the death record it is possible to construct a body of mortality data that provides concrete information for an understanding of the causes of death for some 1.8 million Americans annually. Certainly no other available factor demonstrates so successfully the changes taking place in our health picture or so reliably directs medical research to the areas of greatest contemporary challenge.

Indeed, it is the *underlying* cause of death to which medical analysts and health authorities give closest attention as the most important single statistic relating to *prevention* of disease. Such analysis also determines areas where medical services and facilities must be strengthened. Mention must also be made of the importance of recording fetal deaths, to which the medical profession is paying increasing attention. Exact data on the pregnancy, information on the physical condition of the mother, the significant features of her medical history—all these factors, when they can be recorded, are of inestimable value in curtailing our fetal death rate. In addition, there are the deaths caused by accidents, which figure so largely in mortality statistics. Data on fatal home, occupational and motor-vehicle accidents are studied intensively by safety experts in their attempt to cut down this major killer.

In many instances, items in the Medical Certification section are omitted, thereby preventing complete statistical reports. This is especially true regarding deaths due to violence, such as accident, suicide, or homicide. One omission, in any case, may seem unimportant; compounded over a great population, validity is jeopardized.

Physicians can greatly decrease imminent problems for a bereaved family and directly contribute to statistical analysis and medical research by taking the time and concern to be prompt and accurate in performing this duty.—*Guest Editorial by N. H. Dyer, M. D., M. P. H., State Director of Health.*

CARDIAC HYPERTROPHY

The matter of enlargement of the heart has interested the physiologist, pathologist and clinician for many years. According to Grant[1] the heart may increase its ventricular muscle mass as much as six times, and with this is capable of increasing its effective work as much as twenty times. He emphasizes that cardiac hypertrophy is one of the most common and important adaptations of the heart to disease. The question arises whether the hypertrophied heart is actually stronger than a normal heart. This as yet has not been definitely proved.

According to one school of thought a hypertrophied heart is really a pathologic one, because it is reasoned that the muscle mass has outstripped its coronary supply, so that actually the hypertrophy creates a condition of coronary insufficiency. Be that as it may, preponderance of evidence seems to indicate that during ventricular hypertrophy the number of capillaries per unit of cross-section of the myocardium is decreased.

It has been rather widely accepted by pathologists that there is an anatomic limit to cardiac hypertrophy, and, furthermore, it is generally believed that there is an increase in the diameter of the myocardial fiber, but no increase in number of fibers.

There is some evidence, however, that beyond what may be termed "physiological hypertrophy" that new myocardial fibers may be formed.[2] This may happen in those hearts which weigh over 500 grams. The thickened fibers are thought to split longitudinally so that more fibers are formed. These "daughter fibers" in turn may also thicken, split and form new fibers. This mechanism, of course, is capable of producing a greatly enlarged heart. It is possible, furthermore, that these newly formed fibers may differ in their dynamic and metabolic properties from the normal cardiac fiber.

The entire matter of cardiac hypertrophy doubtless is a complicated one. Is a hypertrophied cardiac fiber actually stronger than a normal size fiber? Is there a physiological hypertrophy limit? What is the cause of the so-called idiopathic cardiac hypertrophy? Many other questions present themselves. Obviously these can only be answered by imaginative and painstaking research.

1. Grant, R. P., Am. Heart Journ., 46:159, 1953.
2. Linzbach, A. Virchows Arch. f. path. Anat., 314:534, 1947.

MAN-MADE NOISE

What is the noise of the world doing to our patients and to ourselves? Walking through the halls of a hospital at night, one finds patients with radios turned on to lull them to sleep. Standing on the corner of a busy street, one notes that many of those who pass carry with them the sound of a transistor radio going full blast. Trucks, cars, ambulances and interurban trains add to the din, as well as jack hammers, riveters and the shouts of people trying to be heard above the noises around them.

In the home the high fidelity is at times soothing with quiet music, but is more often blaring forth the beat of noisy syncopation to the clap of young hands or the gyration of bodies both young and old.

Those who live near modern airports have the effect of noises of high and low pitch on their nervous systems and, if one is a dog fancier and he watches the behavior of his pet, he is certain to note the occasional distress from sharp noises or high pitched sounds above the range of human detection. One wonders what all this is doing to our present on-coming urban generation. The title "Silent Spring" certainly has no application for some of our populous areas.

A well-known contemporary, who has published important writings, has said that he has on occasion left his city residence and has gone to a retreat in an abbey in order to be able to think and write. Many of our most noted writers have withdrawn to quiet places when they have wanted to do creative thinking and writing. Some young people today seem to feel lost in a quiet spot where there is no man-made sound. A note in the newspaper this week stated that nearly half of the inductees in Virginia this past year had failed to pass induction examinations mostly on the basis of mental tests. Is there any corollary?

It would seem that we doctors might give consideration to the problem of noise and, if it is a public health hazard, warn our patients and the authorities about it.

The Inevitable Clinical Trial

In the last analysis every new drug, after its development in the laboratory, must be tested on animals and eventually on human beings. The clinical trial must be conducted carefully, intelligently, and conscientiously, but it must inevitably be made, and one must never forget the possibility that important contributions to human welfare can be hamstrung by overzealous and hastily imposed restrictions.—New England Journal of Medicine.

GENERAL NEWS

16th Annual Rural Health Conference At Jackson's Mill on Oct. 3

More than 200 persons are expected to attend the 16th Annual Rural Health Conference which will be held at Jackson's Mill on Thursday, October 3.

The Conference is sponsored annually by the West Virginia State Medical Association in cooperation with the Agricultural Extension Division of West Virginia University, the West Virginia Home Demonstration Council, the State Department of Health, the West Virginia Farm Bureau, and the West Virginia Congress of Agriculture.

Dr. Charles E. Staats of Charleston, who is in charge of the program for this year's Conference, will call the meeting to order in the Assembly Hall promptly at 10 A. M. EST. The invocation will be given by the Rev. John W. Hollister, Pastor of the Lewisburg Methodist Church.

'Idleness is a Disease'

The morning session will be devoted to a program which will be presented by members of a special committee of the Kanawha Medical Society which has been conducting examinations of men from Kanawha County who receive Aid for Dependent Children from the Department of Welfare on the basis of disability.

One of the features of the morning program will be the showing of a film, "Idleness is a Disease," which was produced for showing on television stations throughout the State. Two Charleston physicians, Drs. Edwin M. Shepherd and Thomas S. Knapp, will be present to discuss and answer questions concerning the pilot program which was commended by Governor Barron during the last session of the Legislature.

Acting upon the recommendation of Governor Barron and the medical profession, the Legislature appropriated funds to the Department of Welfare to extend the pilot study to other areas of the State during the current fiscal year.

Doctor Staats announced that there will be a question and answer period with full audience participation.

Luncheon will be served in the Mt. Vernon Dining Hall at 12:15 P. M., with the West Virginia State Medical Association as host.

Afternoon Session

Dr. Charles L. Goodhand of Parkersburg, President of the West Virginia State Medical Association, will deliver the address of welcome at the opening of the afternoon session.

Following his address, there will be a discussion of the "Medical Self Help" program in West Virginia which is of vital importance to all citizens in the event of a national emergency.

The speakers will be Dr. John A. B. Holt of Charleston, who has served as chairman of the State Medical Association's Committee on Medical Emergencies and Civil Defense, and Mr. Paul D. Kates of the State Department of Health.

The final portion of the afternoon program will be devoted to a panel discussion on "The Community's Health Needs and Resources."

Miss Gertrude Humphreys of Morgantown, State Extension Home Demonstration Leader, will serve as moderator and the members of the panel will be as follows:

Dr. N. H. Dyer of Charleston, State Director of Health; Mrs. J. P. Neff of Sinks Grove, Monroe County, Chairman of the Health and Nutrition Committee of the West Virginia Home Demonstration Council; and Dr. Clark K. Sleeth, Dean of the WVU School of Medicine.

Doctor Staats emphasized that ample time will be allotted for a question and answer period with full audience participation.

Mobile Unit on Display

The Mobile Examination Unit, which was purchased and put into service recently by the State Department of Health, will be on display at the conference. The custom built, bus-type vehicle provides services for mothers and children in the more remote areas of West Virginia.

The Conference is open to members of all interested groups, and a formal invitation to attend the one-day meeting is being extended to members of local farm bureaus, home demonstration councils, agricultural extension workers and personnel of local health departments.

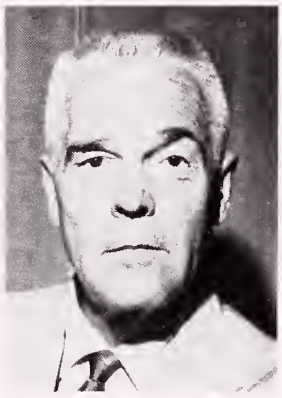
Advisory Committee

The program for the Conference was planned by members of the Advisory Committee to the State Medical Association's Rural Health Committee.

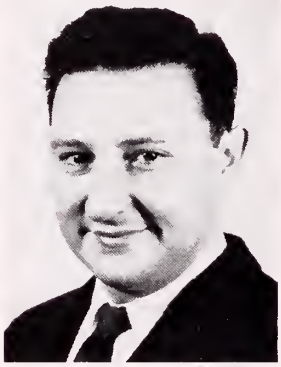
In addition to Doctor Staats, the other members are Miss Gertrude Humphreys of Morgantown, State Extension Home Demonstration Leader; Dr. N. H. Dyer, State Director of Health; Miss Elizabeth Ann Roberts of Morgantown, Foods and Nutrition Specialist of the Extension Service; and Mr. Alfred J. Shaver of the West Virginia Farm Bureau.

W. Va. Heart Association Schedules Annual Meeting in Charleston

The annual meeting of the West Virginia Heart Association will be held at the Holiday Inn in Charleston, September 5-6. Dr. J. Keith Pickens of Clarksburg, the president, has extended a cordial invitation to all physicians practicing in West Virginia to attend.



J. Keith Pickens, M. D.



Leslie A. Kuhn, M. D.

The two-day session will open on Thursday evening, September 5, with a meeting of the Association's 70-member board of directors and the annual election of officers. In addition to Doctor Pickens, other officers are as follows:

Dr. Otis G. King of Bluefield, president elect; Dr. A. C. Thompson of Elkins, vice president; Mrs. Seth Savage of Vienna, secretary; and Miss Mary Helen Thompson of Charleston, treasurer. The executive director is Mr. Robert M. Simons of Charleston.

Doctor Pickens will preside at both the morning and afternoon scientific sessions on Friday which will feature a "Symposium on the Diagnosis, Management, Treatment and Rehabilitation of the Cardiac Patient."

The scientific program will be presented by four cardiologists from the Mount Sinai Hospital in New York City. Speakers for the Friday morning session and their subjects are as follows:

"Diagnostic Considerations in Coronary Artery Disease."—Ephraim Donoso, M. D., Assistant Attending Physician for Cardiology.

"Diagnostic Considerations in Congestive Heart Failure."—Richard P. Lasser, M. D., Assistant Attending in Cardiology.

"Recent Advances in the Management of the Complications of Coronary Artery Disease."—Leslie A. Kuhn, M. D., Assistant Attending Physician for Cardiology.

"Recent Advances in the Treatment of Congestive Heart Failure."—Richard P. Lasser, M. D.

The afternoon scientific session will get under way at 2 o'clock with papers to be presented on the following subjects:

"Theoretical and Clinical Aspects of Lipid Metabolism in Atherosclerosis."—Melvin J. Schwartz, M. D., Research Fellow, the Nutrition Laboratory of the Department of Medicine.

"Rehabilitation of the Cardiac Patient."—Leslie A. Kuhn, M. D.

A non-medical session also will be held on Friday. Speakers will include Mr. Rome A. Betts, executive director of the American Heart Association; Dr. Albert D. Kistin of Beckley; Dr. James H. Walker of Charleston; Dr. Upshur Higginbotham of Bluefield; Mr. Luke Wilson of Weirton; Mrs. Raymond George of South Charleston; Mrs. Claudine Litman of Parkersburg; and Mrs. Jane Meadows of Bluefield.

The meeting has been approved for 4 hours of Category I Credit by the American Academy of General Practice. Further information concerning the program may be obtained by writing the West Virginia Heart Association, 759 West Washington Street, Charleston, West Virginia.

The Advisory Committee to the West Virginia State Medical Association's Rural Health Committee met recently to complete plans for the 16th Annual Rural Health Conference at Jackson's Mill on October 3. Left to right, Miss Elizabeth Ann Roberts of Morgantown; Dr. Charles E. Staats of Charleston, chairman; Miss Gertrude Humphreys of Morgantown; Alfred J. Shaver of Buckhannon; and Dr. N. H. Dyer, State Director of Health.

Plans Completed for ACS Symposium In Morgantown, Oct. 4-5

The West Virginia Chapter of the American College of Surgeons will sponsor a "Symposium on Principles of Surgical Care" at the West Virginia University Medical Center in Morgantown, October 4-5.

All West Virginia physicians have been extended a cordial invitation to attend the two-day meeting by Dr. Bernard Zimmermann, Professor and Chairman of the Department of Surgery at the WVU School of Medicine. He announced that all of the participating faculty are members of the WVU School of Medicine staff with the exception of Dr. Ben Eiseman, Professor and Chairman of the Department of Surgery at the University of Kentucky College of Medicine in Lexington.

First Session on Friday Morning

Dr. Clark K. Sleeth, Dean of the WVU School of Medicine, will welcome those participating in the symposium on Friday morning, October 4. Doctor Zimmermann will preside at the first scientific session on "Fluid and Electrolytes," and the following program will be presented:

"Introduction to Electrolyte Balance in Surgery."—Walter H. Moran, Jr., Instructor in Surgery.

"Electrolyte Disturbances in Surgical Patients."—Bernard Zimmermann, M. D.

"Magnesium Requirements and Deficiency."—Edmund B. Flink, M. D., Professor and Chairman, Department of Medicine.

"Fluid and Electrolyte Balance in Pediatric Surgery."—W. Gene Klingberg, M. D., Professor and Chairman of Pediatrics.

"Renal Insufficiency and Dialysis."—William E. Anderson, M. D., Assistant Professor of Medicine.

Drs. Flink, Moran, Eiseman and D. Franklin Milam, Professor and Chairman of the Division of Urology, will participate in the panel discussion.

'Shock and Circulation'

Dr. Richard A. Currie, Assistant Professor of Surgery, will preside at the afternoon session on "Shock and Circulation." The speakers and their subjects are as follows:

"Experimental Shock—Pulmonary Changes and Acid Base Balance."—Thomas D. Darby, Ph. D., Associate Professor of Pharmacology.

"Catechol Amines in Shock; the Use and Abuse of Vasoconstrictors."—Daniel T. Watts, Ph. D., Professor and Chairman of Pharmacology.

"Fluid Changes in Hemorrhage."—Bernard Zimmermann, M. D.

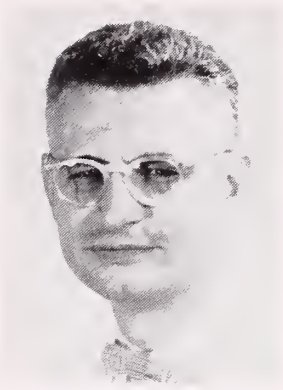
"Postoperative Hypotension: Diagnosis and Management."—N. W. B. Craythorne, M. D., Associate Professor and Chairman of Anesthesiology.

"Vasodilators and Low Molecular Weight Dextran."—Ben Eiseman, M. D.

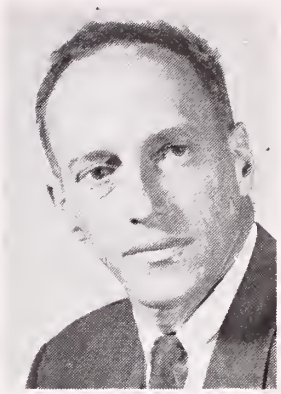
"Cardiorespiratory Emergencies and Resuscitation."—Herbert E. Warden, M. D., Professor of Surgery.

Final Session on Saturday Morning

Doctor Warden will preside at the final scientific



Bernard Zimmermann, M. D.



Ben Eiseman, M. D.

session on Saturday morning, October 5. The speakers and their subjects are as follows:

"Postoperative Ventilation."—Allen E. Yeakel, M. D., Assistant Professor of Anesthesiology.

"Tracheotomy—Indications, Technique and Complications."—Byron M. Bloor, M. D., Professor and Chairman of Neurosurgery.

"Special Problems in Management of Malignant Disease."—Alvin L. Watne, M. D., Associate Professor of Surgery, Chief of the Cancer Committee and Director of the Tumor Clinics.

"Some Physiologic Problems in Gastrointestinal Surgery."—Walter H. Gerwig, Jr., Professor of Surgery.

A block of rooms has been reserved at Lakeview Country Club where a social hour and banquet will be held for symposium participants on Friday evening. Physicians attending the two-day meeting also will have an opportunity to attend the West Virginia-University of Oregon football game on the afternoon of October 5.

Further information may be obtained by writing to Doctor Zimmermann at the WVU Medical Center in Morgantown.

Medical Certification Film Now Available

The Division of Vital Statistics of the State Department of Health has available a 15-minute color film entitled "Medical Certification in the Causes of Death" for showings at meetings of component medical societies.

The film presents for physicians the principles to be followed in completing the medical certification on the death certificate. (See editorial on Page 287).

State Director of Health N. H. Dyer said a physician from the department staff could attend the meetings at which the film is shown to discuss the importance of recording complete and accurate information on death certificates. Requests for the film should be directed to the Division of Vital Statistics, State Department of Health, Charleston 5, West Virginia.

Symposium on Cardiac Disease In Morgantown, Oct. 17-19

Physicians throughout the State have been invited to attend the West Virginia Centennial Symposium on Cardiac Disease which will be held at the West Virginia University Medical Center in Morgantown, October 17-19.

Dr. Russell V. Lucas, Jr., Chairman of the Program Committee, announced that seven prominent physicians and surgeons have accepted invitations to present papers during the two-day meeting. Other members of the program committee are Drs. Herbert E. Warden, Robert J. Marshall and Dean Clark K. Sleeth.

Congenital Heart Disease

The scientific session on Thursday afternoon, October 17, will be devoted to the subject of "Congenital Heart Disease." The speakers and their subjects will be as follows:

"Functional Pathology of Congenital Cardiac Disease."—J. E. Edwards, M. D., Professor of Pathology, University of Minnesota School of Medicine.

"Diagnosis of the Infant with Cyanotic Congenital Cardiac Disease."—Paul Adams, M. D., Associate Professor of Pediatrics, University of Minnesota School of Medicine.

"Pathophysiology of Left-to-Right Shunt."—Henry D. McIntosh, M. D., Professor of Medicine, Duke University School of Medicine.

"Management of the Infant with Left-to-Right Shunt."—Abraham M. Rudolph, M. D., Professor of Pediatrics, Albert Einstein Medical College.

"Surgical Management of the Patient with Ventricular Septal Defect."—C. W. Lillehei, M. D., Professor of Surgery, University of Minnesota School of Medicine.

Rheumatic Fever And Rheumatic Heart Disease

The following scientific program will be presented on Friday morning, October 18:

"Diagnosis and Treatment of Acute Rheumatic Fever."—Abraham Rudolph, M. D.

"Cineangiographic Diagnosis of Valvular Heart Disease."—F. Mason Sones, Jr., M. D.

"Surgical Treatment of Aortic Valve Disease."—C. W. Lillehei, M. D.

"Surgical Treatment of Mitral Valve Disease."—Speaker to be announced.

Atherosclerotic Heart Disease

The speakers and their subjects for the scientific session on Friday afternoon will be as follows:

"Metabolic Basis of Coronary Artery Disease."—Margaret J. Albrink, M. D., Associate Professor of Medicine, WVU School of Medicine.

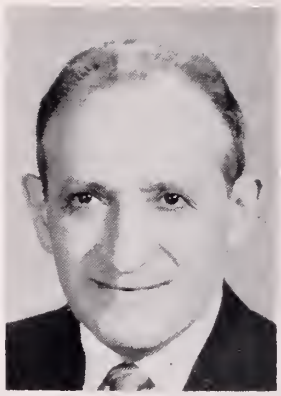
"Unusual Electrocardiographic Features in Ischemic Heart Disease."—Albert D. Kistin, M. D., Chief of Medicine, Beckley Memorial Hospital.

"The Role of Anticoagulants in the Treatment of Ischemic Heart Disease."—Henry D. McIntosh, M. D.

"Angiography in Cardiac Disease."—F. Mason Sones, Jr , M. D.

Dr. Lucas announced that there will be a C. P. C. with case presentations on Saturday morning. He also said that panel discussions, with question and answer periods, have been scheduled in connection with each of the scientific sessions.

F. Mason Sones, Jr., M. D.



Albert D. Kistin, M. D.

The program has been submitted for Category I Credit by the American Academy of General Practice.

Hotel accommodations have been reserved for physicians attending the Symposium, and it was pointed out that the meeting falls on Homecoming Weekend at the University and the WVU-Pitt football game will be played on Saturday afternoon. Tickets are available.

Physicians who plan to attend the two-day Symposium should contact Doctor Lucas at the WVU Medical Center in Morgantown.

Heart Symposium in Winston-Salem

West Virginia physicians have been extended a cordial invitation by the Forsyth County Heart Association to attend its 14th Annual Heart Symposium at the Hotel Robert E. Lee in Winston-Salem, North Carolina, on September 20.

The speakers for the one-day meeting will be Dr. W. Proctor Harvey of Georgetown University Hospital, Washington, D. C.; Dr. Samuel Kaplan, Childrens Hospital, Cincinnati; Dr. J. Edwin Wood, III, Eugene Talmadge Hospital, Augusta, Georgia; and Dr. Henry S. Miller, Bowman Gray School of Medicine, Winston-Salem.

Drs. Esposito, Holbrook Present Papers

Drs. Albert C. Esposito and Thomas J. Holbrook of Huntington were among the guest speakers at a two-day seminar in Prestonsburg, Kentucky, which was sponsored by the Kentucky Academy of General Practice.

Doctor Esposito presented a paper on "Ocular Fundus Diseases," and Doctor Holbrook a paper on "Cerebrovascular Diseases."

Relocations

Dr. James P. Thomas, who completed a residency at the Bowman Gray School of Medicine in Winston-Salem, North Carolina, has joined the staff of the Bluefield Sanitarium and Clinic. His specialty is thoracic and vascular surgery.

$2.3 Million in Hill-Burton Funds Allocated to West Virginia

Approximately $2.3 million in Hill-Burton funds soon will be allocated to West Virginia to boost construction of hospitals and medical facilities. Approval of current applications will be made by the State Board of Health after final action on an appropriation bill by Congress.

State Director of Health N. H. Dyer, writing in his weekly "State of the State's Health," said the Federal assistance is available to any of the state's 40 hospital service areas where non-profit organizations or political sub-divisions meet requirements set forth in the State Department of Health's annual plan for administration of Hill-Burton funds. Allocations since the fiscal year 1947-48 have exceeded $34.6 million, representing a total construction cost of $86 million for facilities throughout West Virginia.

"Significant changes in the current plan, as contrasted with last year's, concern tuberculosis hospitals and rehabilitation centers," Doctor Dyer commented. "We now need 74 tuberculosis beds while none were needed last year; a difference we can attribute to an incidence increase through the case-finding in our special tuberculosis project in a number of counties.

"Previously, there was an allowance for one rehabilitation center for 300,000 population, as such a program was to include medical, psychological, social and vocational evaluation and services. Under a revised public law, rehabilitation centers need only give medical and at least *one* other of the three services—allowing one facility for 75,000 population. This will enable our larger general hospitals to establish rehabilitation units in the future."

He also underlined relative needs on a statewide basis, noting that 90 per cent of the need for general hospital beds and 93 per cent of need for tuberculosis beds have been met. Chronic disease beds total 923 with 2,621 needed; nursing homes, 1,858 beds and 3,458 needed; mental hospitals provide 4,357 beds with a need for 4,503. There are nine public health centers and 14 still are needed; 81 diagnostic and treatment centers in operation with a need for 96 more; and a need for 21 rehabilitation centers to supplement three now in existence.

Annual Caleb Fiske Prize

The subject has been announced for this year's Caleb Fiske Prize of the Rhode Island Medical Society—America's oldest medical essay competition. Physicians throughout the country are eligible to participate and a cash prize of $500 will be awarded to the winner.

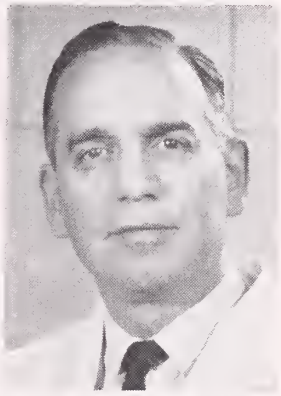
The subject chosen is "Clinical Application of Newer Discoveries in Enzyme Chemistry." Entries must be typewritten, double spaced and should not exceed 10,000 words. Essays must be submitted by December 11, 1963, to the Secretary, Fiske Fund, Rhode Island Medical Society, 106 Francis Street, Providence 3, Rhode Island.

Dr. Thomas H. McGavack to Preside At Diabetes Assn. Meeting

Dr. Thomas H. McGavack of Martinsburg, the president, will preside at the annual meeting of the West Virginia Diabetes Association at the Holiday Inn in Charleston on Saturday, September 7. Doctor McGavack has extended a cordial invitation to all physicians practicing in West Virginia to attend the one-day meeting.

Papers will be presented at the scientific session on Saturday morning by Dr. Robert A. Hines, Chief of Medical Services, VA Center, Martinsburg; Dr. Paul C. Davidson, Resident at the West Virginia

Thomas H. McGavack, M. D.



Rafael A. Camerini, M. D.

University Hospital, Morgantown; and Dr. Rafael A. Camerini, Research Associate, Baker Clinic Research Laboratory, New England Deaconess Hospital, Boston. Drs. Cyrill D. Getliffe, J. V. McKenzie and Richard N. O'Dell of Charleston, and Leo H. T. Bernstein of Martinsburg, will discuss the papers.

Dr. Richard V. Lynch, Jr., of Clarksburg, president elect of the Association, will serve as moderator of a "Symposium on Basic Objectives in Diabetes Detection and Means of Reaching Them." Members of the panel will be Drs. Richard J. Sexton, L. A. Dickerson and L. H. Mynes and Mrs. Alan J. Arthur of Charleston.

The program has been submitted for four hours of Category I Credit by the American Academy of General Practice.

MLB Licenses 10 Physicians To Practice in State

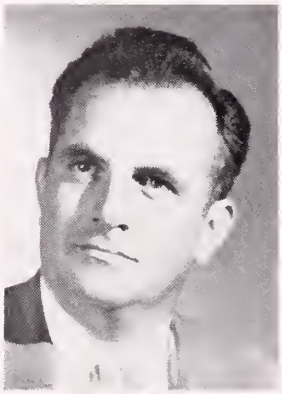
The Medical Licensing Board has announced that 10 physicians have been licensed by reciprocity to practice medicine in West Virginia. The Board met in Charleston on April 22.

The following is a list of physicians licensed by reciprocity:

Bauer, Camilla Kuhnley, Wheeling
Bretell, Howard Walter, Steubenville, Ohio
Desper, Paul Carlton, Morgantown
Edmundowicz, Alphonse Charles, Morgantown
Hutchison, Harry Sutherland, Claysville, Pa.
Ray, Joseph Carr, Welch
Sheils, John Paul, Huntington
Skinner, Mary Swetman, Charleston
Terezis, Mick Louis, Steubenville, Ohio
Watne, Alvin Lloyd, Morgantown

Ohio Valley GP Symposium Planned In Wheeling on October 13

A Symposium on Clinical Medicine and Surgery, sponsored by the Ohio Valley Chapters of the Ohio and West Virginia Chapters of the American Academy of General Practice with the cooperation of Lederle



Beverley T. Mead, M. D.

M. Edward Davis, M. D.

Laboratories, will be held at Oglebay Park in Wheeling on October 13.

Dr. H. L. Hegner of Wellsburg announced that the scientific session would get under way at 9:30 A. M. at Wilson Lodge and that members of the American Academy of General Practice would receive 6 hours of Category I Credit for attendance at the meeting.

Dr. Beverley T. Mead of Lexington, Kentucky, Assistant Professor of Psychiatry at the University of Kentucky School of Medicine, will speak on "Emotional Problems in Children" at the luncheon which will be attended by wives of the symposium participants. A social hour will follow the afternoon session.

Members of the guest faculty and their subjects are as follows:

"What is This Rash and What Can We Do About It?"—Harry M. Robinson, M. D., Professor of Dermatology and Head of the Division of Dermatology, University of Maryland School of Medicine, Baltimore.

"Illusive Gynecologic Problems."—Arthur D. Hengerer, M. D., Associate Professor of Obstetrics and Gynecology, Albany Medical College, Albany, New York.

"Obstetrical Emergencies."—M. Edward Davis, M. D., Joseph Bolivar DeLee Professor and Chairman, Department of Obstetrics and Gynecology, University of Chicago School of Medicine; Chief, Chicago Lying-In Hospital, Chicago.

"The Child and the Acute Infectious Disease."—Samuel L. Katz, M. D., Pediatrician-in-Chief, Beth Israel Hospital, Boston.

"Tranquilizers and Energizers."—Beverley T. Mead, M. D.

"Abdominal Emergencies."—René Menguy, M. D., Department of Surgery, University of Kentucky School of Medicine, Lexington, Kentucky.

Further information may be obtained by writing to Dr. H. L. Hegner, 741 Charles Street, Wellsburg, W. Va.

Dr. John C. Condry Appointed Acting President of Cancer Society

Dr. John C. Condry of Charleston recently was appointed acting president of the West Virginia Division of the American Cancer Society succeeding Dr. Robert J. Johnson, formerly of Morgantown.

Doctor Johnson, who served as Professor and Chairman of the Department of Gross and Neurological Anatomy at the West Virginia University School of Medicine, became Chairman of the Department of Anatomy at the University of Pennsylvania Graduate School of Medicine in Philadelphia on September 1.

Doctor Condry, a native of Clarksburg, was selected by the group's executive committee and will serve until a permanent president is named.

Dr. George F. Evans Named Chairman of MLB

Dr. George F. Evans of Clarksburg was named Chairman of the Medical Licensing Board of West Virginia during the summer meeting which was held at The Capitol in Charleston, July 22-23.

Doctor Evans, who is a past president of the State Medical Association and Editor of *The Journal*, was named to a two-year term as chairman. He succeeds Dr. Frank J. Holroyd of Princeton who will continue to serve as a member of the Board.

Doctor Evans has practiced his specialty of internal medicine in Clarksburg since 1935 and he has been a member of the Medical Licensing Board since 1949.

National Cancer Conference

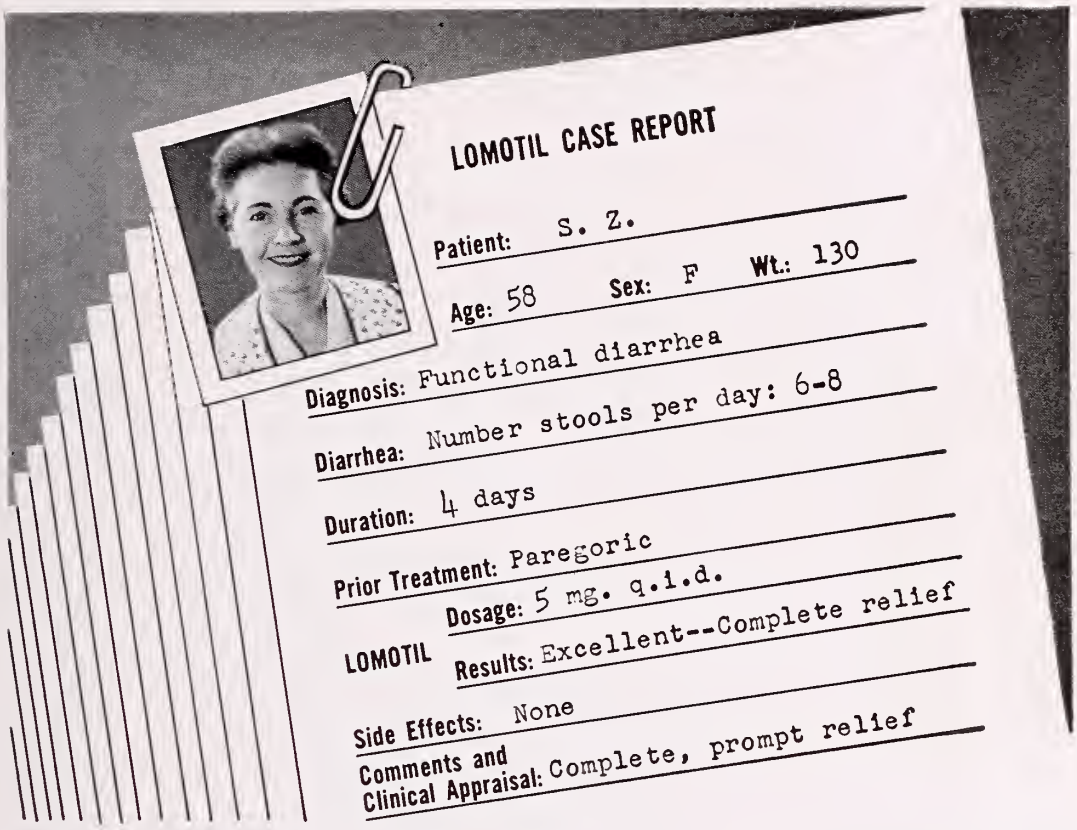
The Fifth National Cancer Conference, sponsored by the American Cancer Society, Inc., and the National Cancer Institute, will be held at the Bellevue-Stratford Hotel in Philadelphia, September 17-19.

Further information may be obtained by writing to the Coordinator, Fifth National Cancer Conference, American Cancer Society, Inc., 521 West 57th Street, New York 19, New York.

Convention Story Will Appear In October Journal

The 96th Annual Meeting of the West Virginia State Medical Association was being held at The Greenbrier in White Sulphur Springs as this issue of *The Journal* went to press.

The full convention story, including information concerning new officers of both the State Medical Association and Auxiliary, as well as heads of sections and affiliated societies and associations, will be carried in the October issue.



To control diarrhea . . . promptly

prescribe **LOMOTIL®** promptly

Each tablet and each 5 cc. of liquid contains: 2.5 mg. of diphenoxylate hydrochloride (Warning: may be habit forming) and 0.025 mg. of atropine sulfate

The direct, well-localized activity of Lomotil relieves spasm and cramping and provides prompt symptomatic control of virtually all diarrheas.

Numerous investigators have remarked on the effectiveness of Lomotil in patients with diarrhea uncontrolled by other agents.

Weingarten and his associates[1] found it "an excellent drug . . . efficacious where other drugs have failed. . . ."

Hock[2] obtained "results superior to prior medications in 68.3 per cent of 41 patients."

Since Lomotil controls diarrhea so consistently, it is only rational to prescribe Lomotil *before* other agents have a chance to prove inadequate. To control diarrhea promptly, prescribe Lomotil promptly.

Lomotil is an exempt narcotic, its abuse liability being comparable to that of codeine. Recommended dosages should not be exceeded. Side effects are relatively uncommon but among those reported are gastrointestinal irritation, sedation, dizziness, cutaneous manifestations, restlessness and insomnia. Lomotil should be used with caution in patients with impaired liver function and in patients taking addicting drugs or barbiturates. Lomotil is brand of diphenoxylate hydrochloride with atropine sulfate; the subtherapeutic amount of the latter is added to discourage deliberate overdosage.

1. Weingarten, B.; Weiss, J., and Simon, M.: A Clinical Evaluation of a New Antidiarrheal Agent, Amer. J. Gastroent. 35:628-633 (June) 1961. 2. Hock, C. W.: Relief of Diarrhea with Diphenoxylate Hydrochloride (Lomotil), J. Med. Ass. Georgia 50:485-488 (Oct.) 1961.

G. D. SEARLE & CO.

Research in the Service of Medicine

WVU Medical Center
—News—

Dr. Russell V. Lucas, Jr., Assistant Professor of Pediatrics at the West Virginia University School of Medicine, recently received a $114,346 National Institutes of Health grant for continued research into heart and lung development in infants.

Russell V. Lucas, Jr., M. D.

Doctor Lucas and Dr. Herbert E. Warden, Professor of Surgery, received a $35,000 NIH grant in 1961 for a research project entitled "Functional Pathology in Ventricular Septal Defects," a congenital heart condition which affects about 1 in every 200 babies.

Doctor Lucas was born in Des Moines, Iowa, and was graduated from Macalester College in St. Paul, Minnesota. He received his M. D. degree from the Washington University School of Medicine in St. Louis and served an internship and residency at the University of Minnesota Hospital where he was Research Associate in Pediatrics before joining the WVU faculty on July 1, 1961.

He held the National Institutes of Health Fellowship in Cardiology and was a member of the Division of Pediatric Cardiology. He is a Diplomate of the American Board of Pediatrics and is the author of numerous articles concerning the pathologic physiology of congenital heart disease and the management of children so afflicted.

Scholarship Permanently Endowed

The Thomas L. Harris Scholarship at the WVU School of Medicine, established by the family of the late Anna M. Broida of Parkersburg, has been permanently endowed by its original donors.

The scholarship, created in 1960 to aid prospective students of surgery, was conceived by Mrs. Madeline Broida Cohen of Parkersburg and B. Paul Broida of Albany, New York. It was sustained for three years by annual donations. Securities now have been given to the West Virginia University Foundation, Inc., the income from which will support the award in future years.

The scholarship honors Doctor Thomas L. Harris of Parkersburg, a past president of both the West Virginia State Medical Association and the West Virginia University Board of Governors. The award gives preference to students planning a career in surgery, Doctor Harris' specialty.

Scholarships have been awarded from the fund to Dr. Joseph Ruggiero of Fairmont in 1960, and to Richard H. Garretson of Morgantown in 1961 and 1962.

• Compiled from material furnished by Howard Lewis, Administrative Assistant to the Vice President, West Virginia University Medical Center, Morgantown, West Virginia.

WVU Hospital Enters Fourth Year

The West Virginia University Hospital, which marked its third anniversary on August 10, served 25,358 patients in its first 36 months of operation.

Hospital Director E. L. Staples said the following significant things have contributed to the hospital's rapid development:

1. Recruitment and attraction to Morgantown of a competent staff of clinical physicians and administrative and technical personnel from all parts of the United States.

2. Availability of the specific kinds of clinical patients to come to this special type of a university-oriented hospital.

3. Willingness of the state's physicians to send their patients to this hospital.

Patients have been referred to the hospital from all sections of West Virginia. Two checks on admissions information on different days during July showed that on one day patients from 37 of the State's 55 counties were in the hospital; on the second day, 39 counties were represented.

The hospital has 520 beds on eight patient floors with 305 now in use and 23 of every 25 beds usually filled. Staging in of more beds will continue in 1964 and the full operating capacity is expected to be reached early in 1965.

The surgical service at the hospital has performed more than 6,000 operations in three years, ranging from the simplest to the most complex procedures; from dozens of appendectomies to brain surgery for Parkinson's disease and open-heart surgery for correction of congenital and acquired heart defects.

The Department of Surgery in the School of Medicine includes 15 full time surgeons, 15 clinical associates and 19 residents.

For comprehensive control of the whole pain complex...

Like a triad, the action of Trancogesic is direct and simple as 1,2,3. Its tranquilaxant component – chlormezanone – 1. reduces emotional reaction to pain . . . 2. decreases skeletal muscle spasm . . . and 3. its aspirin component dims the patient's perception of pain. Thus, Trancogesic controls the *whole* pain complex – *with unsurpassed tolerance.*

Each tablet of Trancogesic contains 100 mg. of chlormezanone and 300 mg. (5 grains) of aspirin. The usual adult dosage is 2 tablets of Trancogesic three or four times daily. Reactions to Trancogesic have been minor – gastric distress, and an occasional weakness, sedation or dizziness. Ordinarily, these may be reversed by a reduction in dosage or temporary withdrawal of the drug. Trancogesic is contraindicated in persons known or suspected to have an idiosyncrasy to aspirin.

WINTHROP LABORATORIES, NEW YORK 18, N. Y.

TRANCOGESIC*
CHLORMEZANONE with ASPIRIN
*TRADEMARK 100 MG. 300 MG.

Winthrop

1777M

The Month in Washington

• From the Washington Office of the American Medical Assaciation.

THE Food and Drug Administration, acting on the advice of a committee of medical experts, gave the go-ahead for continued use of the oral contraceptive Enovid. However, the agency urged certain cautions in its use. Continued use only on physician's prescription was recommended. There is not enough evidence available now to show any relationship between consumption of Enovid and the occurrence of certain circulatory disorders, mainly thrombophlebitis and pulmonary embolism, according to the advisory committee.

However, FDA requested the manufacturer, G. D. Searle & Co., to advise physicians on the labeling of certain contraindications and of an apparent hazard in women over 35. Principal contraindications for use of Enovid as a contraceptive were listed as (1) certain cancers, (2) liver disfunctions or diseases, and (3) patients with a history of thrombophlebitis or pulmonary embolism.

Enovid, used by some two million American women, was recommended only for short-term use (2-4 years), and primarily where pregnancy is contraindicated.

The advisory committee, formed five months ago, said statistical evaluation indicates that there is an apparent hazard from the consumption of Enovid by women 35 years of age or over. FDA said this apparent hazard must be weighed by the physician against the demonstrated apparent hazard of pregnancy in determining whether to administer the drug to women of that age group.

Additional Studies Requested

The committee found need for additional studies regarding the possible effects of Enovid. Such studies are now under way and others will be undertaken.

The advisory committee was headed by Dr. Irving S. Wright of New York City. Copies of the report are available upon request to Division of Public Information, Food and Drug Administration, Washington 25, D. C.

Krebiozen

The federal government sharply questioned the actions of the developer of krebiozen in a brief filed in Chicago Federal District Court. The brief was the government's answer to charges by Dr. Steven Durovic, discoverer of krebiozen, that he was being harassed by Federal agents.

The government has charged that Durovic resisted and hampered its investigation of the alleged anticancer product, which has been banned from interstate commerce.

The government said Durovic in 1950 bought more than 1 million ampules. This was five times the amount of ampules needed to handle the krebiozen powder he had brought to the United States from Argentina, the brief said. Durovic has said he discovered the excess ampules were defective and destroyed them last May.

The government brief said "it may be that a half million ampules were destroyed on May 15, 1963. It may be that Durovic purchased enough mineral oil in 1950 to fill more than a million ampules with krebiozen solution, but poured all of the excess over that needed to fill 200,000 ampules down the drain.

"It may be. But there are strong reasons to doubt it. And this is where the investigation is called for most urgently."

The brief said that although Krebiozen has been sold for $9 an ampule, the cost per ampule is about 8 cents.

Other Washington Developments

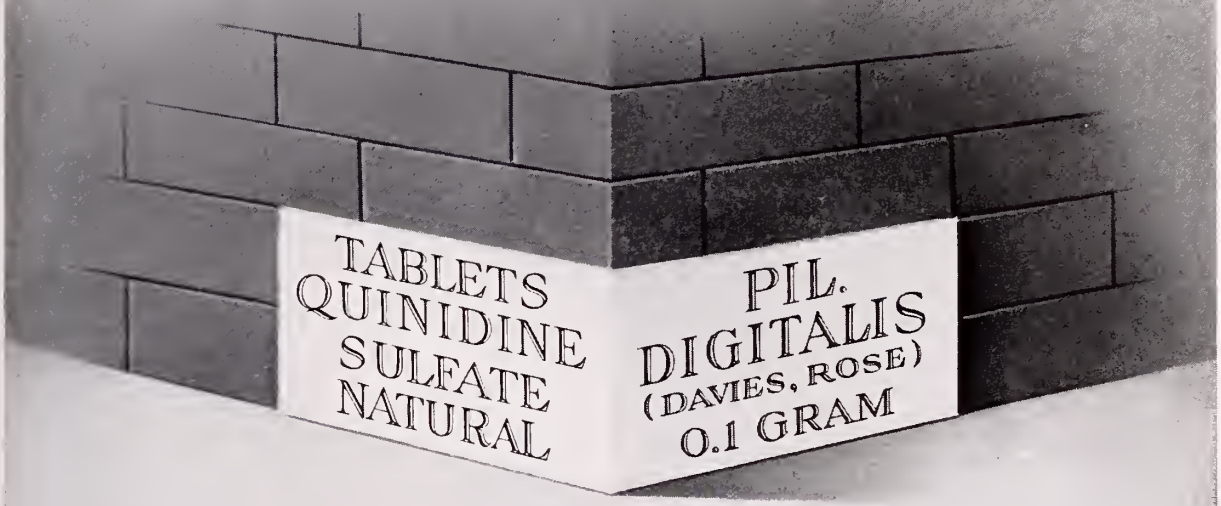
The Pharmaceutical Manufacturers Association and 44 U. S. drug producers filed official objections to "invalid" proposed regulations over drug advertising. The industry asserted that rules issued by the Food and Drug Administration go beyond the law and the intent of Congress.

One regulation subjects virtually all drug advertisements in professional journals to possible federal prepublication censorship. The petition addressed to the FDA states that this "disregards the statutory command."

Also, according to the industry, FDA has gone beyond powers granted by Congress by trying to specify how prescription drug advertisements should be designed and written and where certain information should be placed. The law requires such advertisements to carry information in "brief summary" relating to side effects, contraindications and effectiveness, but it does not give the Department of Health, Education and Welfare power over the entire layout, typography and content, the industry asserted.

"The main difficulty is that the Food and Drug Administration, in these regulations, treats advertising as labeling," Dr. Austin Smith, president of the PMA, said. "Congress made a clear distinction between the two."

A CORNERSTONE OF CARDIAC THERAPY



The Dictionary defines a cornerstone as something of fundamental importance, just as Pil. Digitalis, (Davies, Rose) and Tablets Quinidine Sulfate Natural (Davies, Rose) are of fundamental importance in treating your cardiac patients. These preparations represent 60 years of experience and dependability in the manufacture of pharmaceuticals.

Pil. Digitalis (Davies, Rose), 0.1 Gram (approx. 1½ grains) which comprise the entire properties of the leaf, provide a dependable and effective means of digitalizing the cardiac patient, and of maintaining the necessary saturation.

Tablets Quinidine Sulfate Natural, 0.2 Gram (approx. 3 grains) are alkaloidally assayed and standardized, insuring uniformity and therapeutic dependability. Each tablet is scored for the convenient administration of half dosages.

Davies, Rose & Company, Limited - Boston 18, Mass.

DQ-1

Obituaries

PHIFER ERWIN BERRY, JR., M. D.

Dr. Phifer Erwin Berry, Jr., 59, of Piedmont, died on August 3 at his home in that city.

Doctor Berry, who was a native of Drexel, North Carolina, was born on October 10, 1903, the son of P. E. and Maude Patton Berry. He attended the public schools in Drexel, Mars Hill Junior College and was graduated from Wake Forest College. He received his M. D. degree in 1930 from the University of Maryland School of Medicine and served an internship at Mercy Hospital in Baltimore, Maryland, 1930-31, before entering private practice in Piedmont.

He was a member and past president of the Potomac Valley Medical Society, and a member of the West Virginia State Medical Association and American Medical Association.

Besides his mother, he is survived by his widow, a son, P. Erwin Berry III of Falls Church, Virginia; and three sisters, Mrs. Joseph Carpenter of Morgantown, Mrs. Ash Powell of Drexel, North Carolina, and Mrs. Webb Estes of Chase City, Virginia.

CHARLES NEWLAND SLATER, M. D.

Dr. Charles Newland Slater, 83, of Clarksburg, West Virginia's "General Practitioner of the Year" in 1959, died at his home in that city on July 22 following an extended illness.

Doctor Slater, who was a native of Washington, D. C., was born on October 10, 1879, the son of Samuel N. and Ida Slater. He attended the public schools in Washington and received his M. D. degree in 1903 from the George Washington University School of Medicine.

He served an internship at the Kessler Hospital in Clarksburg, 1903-04, and entered private practice in that city in 1905.

Doctor Slater was one of the first members of both the Southern Medical Association and the American Academy of General Practice and attended many of the annual meetings of these organizations. In 1954 he received special recognition for 50 years active medical practice in Harrison County.

He was an honorary life member of the Harrison County Medical Society, West Virginia State Medical Association and American Medical Association.

Besides his widow, he is survived by two daughters, Mrs. John B. Hornor of Minneapolis, Minnesota, and Mrs. William S. Burroughs of Charlotte, North Carolina; one son, Charles N. Slater, Jr., of Gardena, California; and two stepchildren, Mrs. S. S. Stone of Weirton, and Thomas O. Ramage of Niagara Falls, New York.

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Finest In Comfort, Security and Care

Constant Medical and Nursing Care for the chronically ill, the convalescent and the retired citizen.

New, modern and as fireproof as can be constructed. Licensed and approved by the State Board of Health.

Rates $8.00 — $10.00 — $12.00 per day

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Fairmont 2% Fortified Skim Milk

REMARKABLE FRESH MILK PRODUCT FOR YOUR PATIENTS

When you recommend a substitute for whole milk in patients' diets — in order to minimize fat intake — think of Fairmont 2% Fortified Skim Milk. The dairy industry has met the demand for skim milk for years, but we believe that many people, who had been accustomed to the richer flavor of regular homogenized milk, were not satisfied. To fill this gap, we have replaced almost *one-half* of the butterfat with additional non-fat milk solids to make one great milk for the whole family that tastes rich but saves on fat intake. Perhaps of most interest to the medical profession is the fact that the milk solids we've added serve to boost the intake of milk protein and natural minerals.

The result is a milk which we believe you will find remarkable. This chart tells the story:

COMPARISON OF NUTRIENTS IN REGULAR VITAMIN D MILK, FORTIFIED SKIM MILK, AND 2% FORTIFIED SKIM MILK

	Regular Vitamin D Milk	Fortified Skim Milk	Fairmont 2% Fortified Skim Milk*	
			Range	Average
Calories**	156-160	80-84	145-150	148
Fat (%)	3.3-3.5	0.1	2.0	2.0
Protein (%)	3.1-3.3	3.2-3.4	3.9-4.2	4.0
Carbohydrate (%)	4.3-4.6	4.6-4.8	5.6-6.0	5.8
Milk Solids Not Fat (%)	8.3-8.7	8.6-8.9	10.6-10.9	10.7
Total Solids (%)	11.6-11.9	8.7-9.0	12.6-12.9	12.7
Calcium** (mg)	286-290	296-300	350-355	352
Phosphorus** (mg)	212-216	220-224	264-265	266
Vitamin A. (I.U.)***	142-148	2000	2000	2000
Vitamin D. (I.U.)***	400	400	400	400
Thiamine** (mg)	.10	.10	.13	.13
Riboflavin** (mg)	.41	.41	.53	.53
Niacin** (mg)	.20	.22	.25	.25

*Basis 2% B.F. — 2% SNF added to Skim with range in solids of 8.6 — 8.9% Nutrient Materials per Average Serving (8 Fluid oz. or ½ pt.)

**Per average serving (8 Fluid Ounces)

***I.U. — International Units per Qt.

— Source: Milk Industry Foundation Handbook

You'll notice that the only vitamins added are:

1. Vitamin D in the usual amount added in Vitamin D milk.
2. Vitamin A in amounts adequate for children.

The rest of the added vitamins and minerals come entirely from the additional skim milk solids, not fat.

If you are not already familiar with Fairmont 2%, we would be pleased to have you try it — notice its consistency, its palatability. If you would like additional information, we will gladly supply it. Just call your local Fairmont branch office, or write Fairmont Foods Company, 3201 Farnam Street, Omaha, Nebraska.

FAIRMONT

is finer . . . naturally

Book Reviews

CLINICAL METABOLISM OF BODY WATER AND ELECTROLYTES—By John H. Bland, M. D., Associate Professor of Clinical Medicine, and, Director, Rheumatism Research Unit, University of Vermont College of Medicine. Pp. 623, with illustrations. W. B. Saunders Company: Philadelphia and London. 1963. Price $16.50.

This new and larger edition is an excellent and comprehensive treatise on the subject of body water and electrolytes. This book satisfies an important criterion of usefulness of a book; namely, that of a ready source of any needed information on the subject.

Both the table of contents and the index are detailed and accurate. There is an orderly development of basic concepts and documentation of facts about body water and electrolytes. Since there are many authors, there is repetition of information, particularly in the first chapters. Instead of referring to a previous chapter, there may be a complete repetition of a given subject.

When viewed from the standpoint of a reference book, of course, comprehensive treatment of a single subject is advantageous, but from the standpoint of a textbook this leads to excessive length and reading time. There are several errors. In table 18 saliva certainly does not contain 90 grams of sodium chloride. On page 221, one quarter hypotonic saline does not contain 43 mEq of Na+ and Cl-.

In discussing clinical hyponatremia and in listing causes of hyponatremia in chapter 8, the syndrome of chronic inappropriate secretion of ADH in patients with cancer of the lung is not mentioned. This syndrome is discussed in the basic chapter on the role of ADH, etc., on pages 83-85, but should be referred to at least or listed in Table 21, chapter 8.

There are many excellent features of this book. Any serious student of clinical fluid and electrolyte problems will find this book very rewarding. The beginner might be overwhelmed by its size, but even he can find it useful as a ready reference. A detailed discussion of magnesium metabolism and deficiency pleases me very much. This subject has been neglected in most books.

I can recommend the book to individual students and physicians. It should be available in the library of a hospital of any size.—Edmund B. Flink, M. D.

Books Received

DISEASES OF THE CHEST—By H. Corwin Hinshaw, M. D. and L. Henry Garland, M. D. Pp. 798, with illustrations. W. B. Saunders Company: Philadelphia and London. 1963. Second Edition. Price $20.00.

* * * *

SYNOPSIS OF EAR, NOSE AND THROAT DISEASES—By, Robert E. Ryan, M. D., William C. Thornell, M. D., and Hans von Leden, M. D. Pp. 425, with illustrations. The C. V. Mosby Company, 3207 Washington Blvd., St. Louis 3, Missouri. 1963. Second Edition. Price $7.50.

OFFICERS OF COMPONENT SOCIETIES

Society	President		Secretary		Meetings
Barbour-Randolph-Tucker	Raymond W. Cronlund	Philippi	A. Kyle Bush	Philippi	3rd Thurs.
Boone	W. V. Wilkerson	Whitesville	Harold H. Howell	Madison	2nd Wed.
Brooke	James E. Wise	Follansbee	H. L. Hegner	Wellsburg	
Cabell	Jack Leckie	Huntington	W. L. Neal	Huntington	2nd Thurs.
Central West Virginia	Elden H. Pertz	Weston	R. L. Chamberlain	Buckhannon	As Scheduled
Eastern Panhandle	N. B. Groves	Martinsburg	F. A. Hamilton, Jr.	Martinsburg	2nd Wed.
Fayette	Joe N. Jarrett	Oak Hill	Dora A. Blake	Oak Hill	1st Wed.
Greenbrier Valley	E. L. Crumpacker	White Sul. Spgs.	Robert G. Shirey	Lewisburg	2nd Wed.
Hancock	Irwin M. Bogarad	Weirton	David H. Williams	Weirton	2nd Tues.
Harrison	Andrew J. Weaver	Clarksburg	Richard K. Hanifan	Clarksburg	1st Thurs.
Kanawha	Kenneth G. MacDonald	Charleston	William E. Lawton, Jr.	Charleston	2nd Tues.
Logan	Thomas P. Long	Man	Lyle H. Boyea	Man	2nd Wed.
Marion	C. S. Lawson, Jr.	Fairmont	G. Thomas Evans	Fairmont	Last Tues.
Marshall	Kenneth J. Allen	Moundsville	J. W. Myers	Moundsville	Semi-Ann.
Mason	C. Leonard Brown	Pt. Pleasant	Richard L. Slack	Pt. Pleasant	Bi-Monthly
McDowell	Dante Castrodale	Welch	J. Hunter Smith	Welch	2nd Wed.
Mercer	James E. McGee	Bluefield	J. Brookins Taylor	Bluefield	3rd Mon.
Mingo	J. C. Lawson	Williamson	Russell A. Salton	Williamson	2nd Wed.
Monongalia	C. A. Logue	Morgantown	George A. Curry	Morgantown	1st Tues.
Ohio	Charles H. Hiles	Wheeling	H. G. Dickie, Jr.	Wheeling	4th Tues.
Parkersburg Academy	Robert M. Biddle	Parkersburg	F. P. Greene	Parkersburg	1st Thurs.
Potomac Valley	Lysle T. Veach	Petersburg	Robert W. McCoy, Jr.	Keyser	2nd Wed
Preston	F. A. Kennedy	Hopemont	C. Y. Moser	Kingwood	4th Thurs.
Raleigh	Preston C. Davis	Beckley	Warren D. Elliott	Beckley	3rd Thurs.
Summers	A. W. Holmes	Hinton	J. W. Stokes	Hinton	3rd Mon.
Taylor	K. H. Trippett	Grafton	Paul P. Warden	Grafton	Last Thurs.
Wetzel	Lemoyne Coffield	New Martinsville	Charles P. Watson	New Martinsville	Monthly
Wyoming	George F. Fordham	Mullens	Ross E. Newman	Mullens	Quarterly

Medical Meetings, 1963

The following is a partial list of national, state and district medical meetings scheduled for 1963:

Sept. 6—W. Va. Heart Assn., Charleston.
Sept. 7—W. Va. Diabetes Assn., Charleston.
Sept. 24-26—Kentucky Medical Assn., Lexington.
Oct. 2-4—W. Va. Hospital Association, Wheeling.
Oct. 3—Rural Health Conf., Jackson's Mill.
Oct. 4-5—ACS Symposium, Morgantown.
Oct. 6-9—Virginia Medical Society, Roanoke.
Oct. 8-10—W. Va. TB and Health Assn., Fairmont.
Oct. 9-12—Pennsylvania Med. Society, Pittsburgh.
Oct. 10-12—AMA School Conference, Chicago.
Oct. 13—GP Symposium, Wheeling.
Oct. 13-19—World Medical Assn., New York.
Oct. 17-19—Cardiac Symposium, Morgantown.
Oct. 21-22—American Cancer Soc., New York.
Oct. 21-24—Interstate PG Assn., Chicago.
Oct. 25-27—Potomac-Shenandoah Valley PG Institute, Martinsburg.
Oct. 25-29—American Heart Assn., Los Angeles.
Oct. 27-31—ACS Clinical Congress, San Francisco.
Nov. 18-21—Southern Medical, New Orleans, La.
Nov. 30-Dec. 1—ACCP Interim Meeting, Portland.
Dec. 1-3—AMA Clinical Meeting, Portland.

ACP Course in Ann Arbor

A postgraduate course on "Recent Advances in Basic Mechanisms in Internal Medicine" will be sponsored by the American College of Physicians at the University of Michigan Medical Center in Ann Arbor, October 7-11.

The registration fee is $60 for members and $100 for non-members.

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C. B. Buffington, M. D.
G. B. Krivchenia, M. D.

Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibold, M. D.
Robert T. Brandfass, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.
Frank M. Hudson, M. D.

Internal Medicine:
Charles H. Hiles, M. D.
Albert M. Valentine, M. D.
James A. Jacob, Jr., M. D.

Psychiatry and Neurology:
Albert L. Wanner, M. D.
Stephen D. Ward, M. D.
David H. Smith, M. D.

Roentgenology:
William K. Kalbfleisch, M. D.

Clinical Laboratories:
Nancy Fondriest, M. T.

Technologists:
Electrocardiography:
Patricia Pastor, R. N.
Electroencephalography:
JoAnn Hastings
Roentgenology:
Evelyn Forester, R. T.

Business Managers:
John H. Clark
Lester L. Cline

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ACG Meeting in Washington

The 28th Annual Meeting of the American College of Gastroenterology will be held at the Shoreham Hotel in Washington, D. C., October 21-23. Drs. I. Snapper of Brooklyn, New York, and Robert J. Coffey of Washington, will serve as moderators of the annual course in postgraduate gastroenterology which will be held following the convention, October 24-26.

Further information concerning the program may be obtained by writing to the American College of Gastroenterology, 33 West 60th Street, New York 23, New York.

Trade Commission Seeking Physicians

The Federal Trade Commission has announced that there are medical officer vacancies on its scientific staff which it is in urgent need of filling.

Specialized experience other than regular medical training is not an essential requirement, but would be helpful if gained in such fields as internal medicine, pharmacology or nutrition. Effective January 1, 1964, the entrance salary will be $15,415, with periodic increases to $19,015.

Interested physicians should contact Dr. George Dobbs, Associate Chief, Division of Scientific Opinions, Federal Trade Commission, Washington 25, D. C.

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Congress on Chest Diseases Planned In Mexico City, Oct. 11-15, 1964

The Council on International Affairs of the American College of Chest Physicians will hold its Eighth International Congress on Diseases of the Chest in Mexico City, October 11-15, 1964.

The five-day meeting will open on Sunday, October 11, at the Congress Building at the new Medical Center in Mexico City with registration, executive sessions, international committee meetings and the Inaugural Ceremony in the evening.

The scientific program opens on Monday, October 12, and will include formal papers, panel discussions, motion pictures, and scientific and technical exhibits.

Further information may be obtained by writing Mr. Murray Kornfeld, Executive Director, American College of Chest Physicians, 112 East Chestnut Street, Chicago 11, Illinois.

PG Course in Medical Technology

A postgraduate course on "Recent Advances in Medical Technology" will be presented by the Cleveland Clinic Educational Foundation in Cleveland, September 20.

The fee for the one-day course is $10 and registration will be limited to 125 persons. Further information may be obtained by writing to the Education Secretary, the Cleveland Clinic Educational Foundation, 2020 East 93rd Street, Cleveland, Ohio.

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The West Virginia Medical Journal

October, 1963 Vol. 59, No. 10

Presidential Address*

L. J. Pace, M. D.

It has been my privilege and honor to serve as your President during the past year. Many exciting and interesting problems have arisen during this period and with your permission I would like to take this opportunity to discuss some few of these with you and make certain recommendations which, in my judgment, may be of value to our State Medical Association in the future.

Many of our programs met with success during the year; however, there were two fields of endeavor in which we failed. These were of different nature and I assure you both were very dear to me.

I would like to refer first to the Charles Lively Memorial Scholarship Fund. You will recall I appointed a committee in each component society to initiate a drive to raise funds. Although several of the societies and a number of individuals responded in a magnificant manner, I am sorry to say that the drive never really got off the ground.

I found out belatedly there were two groups in our Association who differed as to the purpose, management and operation of this important program. The members of the Committee on Medical Education, Hospitals and Scholarships believe that the present program should be continued. Currently the Association awards annually two $4,000 scholarships to students enrolled in the West Virginia University School of Medicine. Six dollars of the dues of each active member is earmarked to this fund.

This Committee also has recommended that the scope of the program be widened by the establishment of a student-loan fund modeled after the AMA program. It was the consensus of the members of the Committee that every effort should be made to raise a minimum of $50,000 before initiating such a program. As of this date, approximately $15,000 has been contributed to the Charles Lively Memorial Scholarship Fund.

The other group of physicians believes the program should be operated strictly as a loan program and that students receiving financial assistance should be required to repay the loan upon completion of their training.

No doubt there are arguments pro and con for each plan. Should we be successful in our efforts to raise an additional $25-$50,000, I believe we could operate both plans. The one program would be continued for those who are needy and worthy; the other would serve those who would prefer not to be obligated by any agreements contained in the scholarship contract. I am certain this matter will be brought before the House of Delegates for adjudication and I pray a plan satisfactory to all will be worked out so the Association may continue to help our deserving medical students.

The second disappointment of my administration was the failure of the State Legislature to pass the much-needed Mental Health Bill. This bill, as you recall, had the combined support of the State Department of Mental Health, the State Medical Association and the West Virginia Association for Mental Health.

The Author

- **L. J. Pace, M. D., Princeton, W. Va., Immediate Past President of the West Virginia State Medical Association.**

*Annual Address of the President, West Virginia State Medical Association, 96th Annual Meeting, The Greenbrier, White Sulphur Springs, August 21, 1963.

Much time and effort was expended by these groups in drafting a good bill. Its main purpose was to modernize and simplify the admission and discharge procedures for the mentally ill and to change the complexion of those who are mentally ill from one of criminal in nature to one of medical.

Please be assured that your Association, the Mental Health Association and the Department of Mental Health are not taking this defeat sitting down. Already ways are being prepared by which this much-needed legislation will be passed, so that West Virginia can rightfully assume its proud place among those states who are for progress in the field of mental health.

King-Anderson Legislation

During my tenure of office we have heard very little concerning King-Anderson legislation except that the Administration has it on its schedule for resurrection some time this summer or fall. The medical profession has not been lulled into a state of coma by the "Fedicrats" but has used this period of apparent quiescence to establish really effective machinery to fight Fedicare legislation. Of course, I refer to "Operation Hometown"—I am happy to report that the State Medical Association has its program in high gear and it is functioning effectively.

You may have read in the newspapers recently a summary of the survey conducted by Rep. John M. Slack, Jr., of Charleston, among his constituents in the Third Congressional District. They voted against Fedicare under Social Security by a margin of 58 per cent to 42 per cent.

This report is only one of many received in Washington by Congressmen who have conducted similar surveys; the great majority are receiving results which are overwhelmingly against Federal participation in medical care for the aged under Social Security.

It is our duty to remind our congressmen to follow the mandates of their constituents. The people have spoken and are continuing to speak out against this politically motivated type of legislation. Please, let me caution you to remain alert—continue to tell your friends and patients of the fallacies of Fedicare through Social Security. Continue to tell them that Kerr-Mills is legislation which will take care of the needy aged if properly implemented.

MAA Program

We have been pleased with the manner in which our needy aged have been taken care of under the MAA program in West Virginia. The program has been operating smoothly since its implementation in 1960 and has stayed well within its budget despite reports in the press that it was facing a "financial crisis" late in 1961.

Unfortunately, the State Legislature this year failed to allocate sufficient funds to continue the MAA program at its present level through the 1963-64 fiscal year. Now is the time to speak to our representatives in the Legislature, urging them to support a request for a deficiency appropriation next January so that this important program can be continued through next June. Should the Legislature fail to appropriate sufficient funds, it is probable that services to eligible individuals under the MAA program will have to be reduced during the final six months of the fiscal year.

I hope you also will ask your representatives to take a second look at the GMH program. Some 72,000 persons were added to this welfare program by the addition of the work and training program which was instituted in 1961.

The Legislature appropriated $2 million to a pooled fund for the MAA and GMH programs. This amount, together with federal matching funds, provides for a $6 million MAA and GMH program this year. It is estimated that $10-$11 million is needed to continue the programs at their present levels.

The success of the program is due to close supervision by a committee of the State Medical Association working with the Department of Welfare. The monies for MAA have been carefully spent on those who are eligible. Since the MAA and GMH funds are pooled and because of the tremendous increase in the number of recipients on GMH, the MAA program is being jeopardized.

It behooves all of us as citizens of West Virginia to urge our elected representatives to appropriate sufficient funds to finance these welfare programs adequately.

I am sure you are aware that an interim committee of the Legislature has been studying a proposal to transfer the administration of these medical welfare programs to Blue Cross-Blue Shield or other commercial carriers.

Representatives of the State Medical Association and the Hospital Association, together with officials of local and national Blue Cross-Blue Shield organizations, appeared before the committee last week to present an outline of a program developed after months of hard work.

Let us hope that our Legislators will seriously consider this proposition which undoubtedly would result in a more efficiently administered program and one that would provide more com-

prehensive services for the medical welfare recipient.

Medical Examiner's Bill

Looking on the brighter side of the year's legislative accomplishments, we can point with pride to the passage of the Medical Examiner's Bill. Your Association and its many allies worked many long hours and indeed years on this piece of worthy and excellent legislation.

Although the Legislature failed to appropriate funds to implement the program, there is good reason to believe that the new system will be placed into operation during the coming year.

We met with Governor Barron recently and he assured us that he would proceed with the appointment of the members of the Commission and further that he would provide enough money from his contingent fund to cover the initial expenses of the Commission.

We were gratified by the passage of the autopsy consent bill and the bill to establish a Division of Alcoholism within the State Department of Mental Health. We were sorry that the "Good Samaritan Bill" was defeated and hope it will fare better at the next regular session.

Your State Medical Association vigorously opposed Senate Bill 71 relating to the medical licensing laws in West Virginia. This bill would have made the State a free operating ground for all foreign graduates and graduates of unapproved American schools.

Prepaid Medical Insurance Programs

Your Association also opposed the bill which would have permitted the organization and operation of voluntary and non-profit pre-paid medical insurance programs under control of lay, non-medical corporate boards. We opposed this bill chiefly because (1) It would compel participating vendors to underwrite losses of the plan, (2) the plans would not be required to operate under the insurance laws of West Virginia, and (3) The bill specifically excluded physicians from the directing boards.

I would like to quote now from an appropriate editorial which appeared in the April issue of *The West Virginia Medical Journal:*

"Contrary to general public opinion and the propaganda of the promoters of this bill, we do have group practice in West Virginia and prepaid medical office care is available through many approved sources.

"Medicine is constantly accused in the press of obstructing economic progress in the field of health. We are termed conservatives, reactionaries, negative thinkers and worse. When we oppose proposed legislation, we are told we should shut up or have a better alternate proposal. What is wrong with conservatism and the status quo and what is the evil in exposing the defects and dangers in legislation proposed by minority groups?

"We are not in medical economic affairs to meet the demands of all promoters and have long since become accustomed to criticism of the lay press. We shall continue to promote plans for the betterment of the general health of West Virginia and continue to buck those measures that are unsound. We stand on our record."

I would like to reiterate that should the sponsors of this type of legislation renew their efforts to seek passage of a bill in the future they should seek the advice of recognized experts in the field of medical care problems. The State Medical Association stands ever ready to cooperate in the formation of any plans which would lead to the betterment of the health care of the citizens of West Virginia. We shall continue to oppose any legislation which will not work toward this end.

Shortage of Physicians

I would like to discuss briefly one of the most serious problems facing the medical profession and that is, the doctor shortage. In order to properly understand this problem we must be acquainted with some background material. At the present time there are 7,500 medical graduates each year in the USA. It is estimated that at the current rate of our growth we shall need almost double this number in the next 10-15 years.

The gravity of the situation is recorded in a few statistics; in 1947 nearly 7 per cent of all college graduates applied to medical school—today 4 per cent are applying and they are being accepted at a ratio of better than 1 out of every 2. This is not considered a favorable ratio, particularly when medical schools are seeking quality students. These quality students are leaving our profession to go into other sciences.

The situation is one which demands immediate action by every medical society. Individual doctors, too, must accept more responsibility in recruiting promising young students into the profession. Basically, the solution to the problem lies in more vigorous and extensive career recruitment activities at the community level, which is the heart and core of the profession's recruiting efforts.

The following is taken from an editorial written by Dr. Lenox B. Baker and which appeared in the *Southern Medical Journal:*

"The future in medicine depends not on the Federal Government, nor on private or socialized

medicine, but rather upon the type of men attracted to medicine. The type of men attracted will depend on the men now in medicine and the sacrifices in time and money they are willing to make to support our schools and to recruit the best students of our land for our classrooms and wards. If the men of medicine can give the school the raw material and the money with which to work, they, as always, will do the job needed. If we who have been privileged to study medicine and to practice our art would look to the future of our profession, as industry and the sciences do, we could compete in attracting the young intellectual, motivated student."

The Recruitment Challenge

There are many ways which medical societies can meet the recruitment challenge. Here briefly are a few of the most successful approaches:

(1) Formation of medical career teams in your local society. These teams will contact local educators and guidance counselors to inform them of the medical career opportunities. The Woman's Auxiliary has done yeoman work in this field and can be of a great deal of assistance.

(2) Establishment of High School Science Fair programs at the local and regional level. Science Fair programs have been given necessary support since 1956 when the medical profession began to take an active part.

(3) Establishment of Future Doctors Clubs. These clubs are a new and highly successful medium for encouraging promising students to explore the possibility of a medical career. They are an attempt to give medically minded students a close and personal look at medical practice through a series of informal lectures, tours of medical facilities, and some practical experience at hospital work.

(4) The Boy Scouts of America have established a new program called Medical Explorer Scouting. At present there are 150 Medical Explorer specialty programs in the USA and half are sponsored by local medical societies. The purpose is to acquaint students with a wide variety of professional careers.

(5) Establishment of Student-Physician Preceptorship Programs. This program seeks to establish a close rapport between promising young students and local physicians by assigning a physician to serve as advisor and friend to a student from high school through his medical training.

(6) Scholarship and Loan Funds have been established to remove a major deterrent to many qualified students with limited resources. Every society should seriously consider the possibility of establishing such a fund as a part of its recruitment program.

In West Virginia, of course, we have established the Charles Lively Memorial Scholarship Fund and on the national level, the AMA has taken action on this problem with its Medical Education Loan Guarantee Program for medical students, interns and residents. The need for such a program is seen by the fact that over 5,000 medical studentes, interns and residents have taken advantage of same.

(7) Medical societies which are interested in this career recruitment program will find local educators their most valuable allies. School authorities regard health career programs of all types as a welcome addition to their vocational guidance programs. Medical societies can keep pre-med students interested and enthusiastic about the study of medicine while they are in college by setting up special programs geared to their needs and interests.

Urgency of the Problem

If medical recruitment is promoted at the high school, as well as the college level, we are certain to increase both the number and the quality of talented students going into medicine. The State Medical Association is fully cognizant of this problem and we also must awaken the citizens of our State and make them aware of the urgency of the problem. The various civic, service and garden clubs and religious organizations could help convince our young boys and girls that they should enter medical school and return to their hometowns upon completion of medical training.

The Legislature could be of valuable service by the establishment of a scholarship program for young prospective doctors. The news media of our great State could concentrate their efforts on extolling the advantages of coming to our no longer depressed State, but our progressive State. Their influence would certainly be heard and felt by the young medical graduates of our School of Medicine.

I would like to recommend that a standing committee be established which would direct all of its efforts towards obtaining an adequate supply of trained physicians to take care of the citizens of West Virginia. Such a committee is needed to investigate this problem on a continuing basis and it would serve as a consultant to either medical or non-medical groups interested in doctor placement in our State.

'Backbone of Our Organization'

Finally, during the past months it was my pleasure to attend meetings of various county medical societies. Such visits seem to me to be a necessary part of a President's duties because in no other way can one become well acquainted and understand the problems of physicians throughout the State. Unfortunately, it seems to me our county societies need a shot in the arm because I believe attendance and interest could be improved greatly. This trend is to be deplored since actively interested physicians in our component societies are the backbone of our organization.

I would recommend that county societies devote more time to socio-economic, legislative, community and other problems of current interest. I am sure the officers of the State Medical Association would stand ready to help at any time to make your programs more stimulating and worthwhile.

I would like to pay tribute to the many physicians who participated in the highly successful Sabin Oral Vaccine program sponsored earlier this year by our component societies. It is my understanding that 19 component societies sponsored clinics and that several others plan to conduct clinics this fall. This type of undertaking is an excellent example of how we can be of great service to our fellow citizens.

This unquestionably has been the busiest, the most gratifying and most rewarding year of my life. I wish to thank all of you for giving me the opportunity to serve as President and making me realize that the opportunity to serve is the greatest opportunity of all—Whether it be one's God, one's country, one's profession or one's fellowman. Thank you.

To Physicians in Training

To all physicians in training and especially West Virginia residents: West Virginia is in need of physicians in all categories for rural and urban practice. Any physician desiring information concerning openings in the State can communicate with *The Journal*. *The Journal* will publish free for 6 issues pertinent information concerning any qualified physician who is seeking a location in West Virginia. Single copies of *The Journal* listing practice opportunities will be mailed to physicians upon request.

A roster containing a list of officers of county societies and specialty sections of the West Virginia State Medical Association is available upon request to the headquarters offices. Also, information pertaining to West Virginia licensing laws will be mailed to interested physicians. Interested parties may then write the officers of component societies or sections for further information.

Any other information about West Virginia will be secured from outside sources, if possible, and sent upon request. All letters to *The Journal* will receive individual and immediate attention.

A Review of Parathyroid Cysts*†

(With Case Report)

George R. Rosenbaum, M. D., and Ali Morad, M. D.

In the entire range of American and European medical literature there are 26 cases of parathyroid cyst reported up to and including the year 1959, the last being reported by Perdue and Martin.[12] The purpose of this paper is a discussion of parathyroid cyst, with report of an additional case.

Case Report

Mrs. C. C., a 27-year-old white female, was admitted to the surgical service of Charleston General Hospital with pain and swelling in the right side of the neck. The swelling had started two days prior to admission and had gradually increased, rendering swallowing difficult and painful. There was no history of trauma.

On physical examination, there was a tight swelling of the right side of the neck at the right lobe of the thyroid, with spasm of the right sternocleidomastoid muscle. Temperature 100.6 F., pulse 80.

The white blood count was 12,200, with 67 neutrophil segments, 7 stabs, 20 lymphocytes, 4 monocytes and 2 eosinophils. An x-ray of the neck showed widening of the retropharyngeal space, interpreted as probably representing an abscess in this area. There also was a soft tissue enlargement of the lower right neck. The soft tissue showed no calcification. There were no other abnormal observations.

Impression on admission was subacute thyroiditis, or hemorrhage in an adenoma of the right lobe of the thyroid gland. On the day after admission the swelling increased and the patient was extremely uncomfortable. Three days later her condition gradually became worse and conservative treatment did not seem to be effective.

Operation.—The patient was taken to the operating room and under general endotracheal anesthesia, a short incision was made parallel with the posterior border of the sternocleidomastoid muscle for a possible retropharyngeal abscess, as diagnosed by x-ray. By blunt dissection the tumor mass was exposed, a needle inserted, and old blood withdrawn to the extent of 30 cc. In these circumstances, it was deemed advisable not to do any further procedure at the time but to defer thyroidectomy for twenty-four hours.

The patient obtained some relief of symptoms after the aspiration of blood. The following day she was again taken to the operating room and under endotracheal anesthesia a collar incision was made. A cystic mass approximately the size of a lemon filled the right lobe of the thyroid gland. Right total lobectomy was accomplished without difficulty.

The pathology report showed one fragment of red, bluish, soft tissue measuring 6 x 4 cm. The cyst itself measured 4 x 2 cm. and contained dark fluid. Microscopic examination showed a thin shell of thyroid tissue which was normal. There was a diffuse and very marked lymphocytic and histocytic infiltration which encroached on laminated fibrous tissue forming the grossly described cyst. The inner lining of the cyst was to a large extent necrotic, but consisted in some areas of definite parathyroid parenchyma. The water-clear and chief cells could be distinctly identified. They were of typical appearance and there was no evidence of mitotic activity or infiltrating tendency. The contents of the cyst consisted of fibrin, necrotic tissue and blood (Figures 1, 2 and 3).

Serum calcium taken postoperatively was 10.3 mg. per cent, alkaline phosphatase with 5 units, and the total phosphorus was 2.4 mg. per cent. X-rays of the skull, humerus, femur and pelvis did not show any abnormal findings.

The patient's postoperative course was uneventful and she was discharged on the fourth

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Figure 1

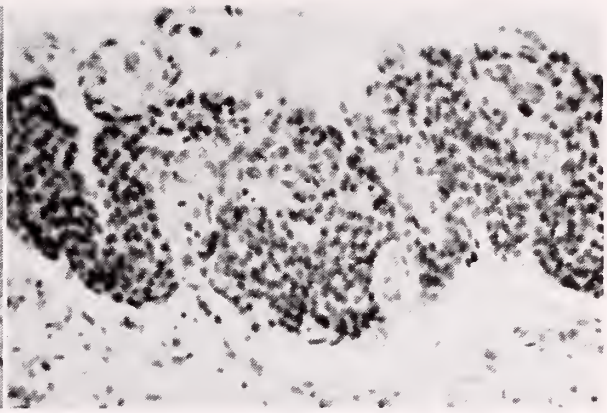

Figure 2

postoperative day. She was seen a month later with no complaints.

Review of Reported Cases

A review of 26 cases of parathyroid cyst reported in the literature showed that in 18 the patient was female and in 8, male. The patients' age varied from sixteen to seventy-nine years. In 18 cases the cyst was found in the left side of the neck and in 8 cases, in the right side. The size of the cyst varied from that of an orange[13] or a goose egg[11] to 1 cm.[2] In 23 of the 26 cases, the cyst was located at the inferior pole. In 1 case it was reported at the angle of the mandible,[11] in 1 case at the superior lobe of the thyroid,[2] and in 2 cases it was substernal.[3, 4] In 18 cases there was no sign except a mass in the neck which variously was found by the patient, or during a routine physical examination, or at autopsy or during surgery for goiter. In the remaining 8 cases signs consisted of dyspnea, hoarseness, dysphagia and paralysis of the vocal cords due to compression of the recurrent laryngeal nerve.[3]

The fluid content of the cyst varied from clear to serous, opalescent and blood-tinged. In 12 of the 26 cases, cuboidal cells were found in the cyst lining; in the remaining 14 cases, cylindrical or parathyroid cells were found. In 24 cases, parathyroid cells were found in the cyst wall.

Discussion

Much disagreement prevails concerning the origin of the parathyroid cyst. One group contends that evidence supporting parathyroid origin is inconclusive because of nonspecificity of the cells lining the cyst and the possibility that parathyroid tissue might be secondarily incorporated within the cyst walls. These observers believe that the cyst is derived from vestigial remnants of the third and fourth branchial clefts. Another group considers the lesion to be the result of cystic degeneration or retained secretion.

Black and Watts,[2] in 1949, reported the result of a study of parathyroid glands in 100 consecutive necropsies. In 96 cases the parathyroid glands were found to be normal; in 2 cases the glands had undergone hypertrophy and hyperplasia secondary to chronic renal disease; in 1 case the glands were infiltrated with leukemic cells; and in 1 case the adenoma was found which had produced sever hyperparathyroidism.

In the series of 26 cases, no striking histologic differences from those described in standard textbooks, e.g., the majority of epithelia cells being arranged in solid masses and cords, were encountered. There are also small vesicles found throughout the gland. The lumina of the vesicles usually contained homogenous material resembling colloid but this so-called colloid differs from that seen in the thyroid in that it contains no iodine. The number of vesicles increase with age so that in adults vesicles can be found in practically all parathyroid glands. In the series presented there were 84 well developed vesicles that contained colloid in one or more of the parathyroid glands. In 20 cases the diameter

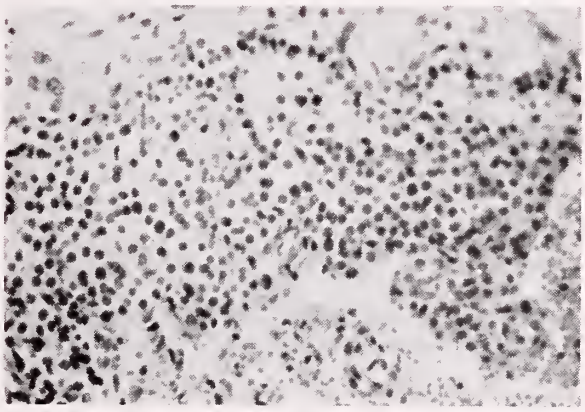

Figure 3

varied between 400 and 4600 micros., and in 6 cases of the latter group the cyst was larger than 1 mm.

There was resemblance of the cyst to the colloid-containing vesicles found in 84 per cent of cases. In fact, the only difference in appearance other than that of size, between vesicles and cyst was progressive flattening of the lining cells, which apparently occurred as the cyst increased in size. Black and Watts believed that the parathyroid cyst developed from small colloid-containing vesicles as a result of excessive accumulation and retention of colloid. Other series of cases show different figures, from 5 per cent of all necropsies found by Thompson and Harris to 50 per cent found by Castleman and Mallory.

Fisher and Gruhn, in 1957, found many glycogen granules in the protoplasm of the lining cells of the cyst. Although this material may be observed within many normal as well as neoplastic epithelia, it is of some significance that it is a normal constituent of parathyroid epithelium, particularly the clear chief cell variety. Such a finding tends to minimize the objection that these lining cells are non specific and they conclude that these cells are of parathyroid origin.

Green and his associates,[7] in 1952, reported a case of parathyroid cyst in which, after the cyst's removal, the patient presented evidence of hypoparathyroidism in spite of an undisturbed opposite side. This indicated that her remaining parathyroids had not functioned normally and that most of the hormones had been secreted by the cyst that had been removed. By the third week all of her symptoms had disappeared, with the return to normal of calcium and phosphorus indicating a return to usual efficiency of her remaining parathyroids. In our opinion and in that of Perdue and Martin,[12] it was possible that this was a result of cystic degeneration of a functioning adenoma, which caused signs of tetany after removal of the cyst.

Whatever the origin of the parathyroid cyst, surgeons will rarely encounter a patient with this lesion. The tumor may prove extremely puzzling at first. A study of reported cases, however indicates that awareness of its usual presentation should in most instances, make it recognizable as such at the time of operation. A thin-walled, tense cyst containing watery or slightly opalescent fluid and attached to the posterior surface of the inferior pole of the thyroid but easily separated therefrom will in many instances prove to be a parathyroid cyst.

The case reported is unusual in that the cyst developed in the center of the lobe of the thyroid.

Summary

A case report of hemorrhagic parathyroid cyst within the thyroid gland is presented along with a brief history of the literature of 26 other such cases up to the year 1959. Etiology and diagnosis is discussed and the effect of the endocrine function or lack of function of the lesions.

References

1. Anzilotti, G.: Contributo alla patogenesi delle cisti parabranchiali del collo; ciste del ductus parathyroideus, Clin. chir. 17:610, 1909.
2. Black, B. M. & Watts, C. F.: Cysts of Parathyroid Origin: Report of Two Cases and Study of Incidence and Pathogenesis of Cysts in Parathyroid Gland. Surgery 25:941, 1949.
3. Crile, G., Jr., & Perryman, R. G.: Parathyroid Cysts: Report of Five Cases, Surgery 34:151, 1953.
4. De Quervain, F.: Chirurigsche demonstrationen (Epithelkorperchencyste), Schweiz. med. Wchnschr. 6:1168, 1925.
5. Fisher, E. R. & Gruhn, J.: Parathyroid Cysts, Cancer 10:57, 1957.
6. Goris: Extirpation detrois lobules parathyroidiens Kystiques, J. dechir, et Ann. Soc. Belge de chir., v. 394, 1905.
7. Greene, E. I., Greene, J. M. & Busch, R. C.: Unusual Manifestations After Removal of Parathyroid Cyst, J. A. M. A. 150:853, 1952.
8. Maxwell, D. B., Horn, R. C., Jr. & Rhoads, J. E.: Cysts of the Parathyroid: Report of Three Cases Clinically Simulating Nodular Goiter, A. M. A. Arch. Surg. 64:208, 1952.
9. McGoon, D. C. & Cooley, D. A.: Parathyroid Cyst: An Unusual Cervical Tumor. Report of Three Cases. Surgery 30:725, 1951.
10. McKnight, R. B.: Parathyroid Cyst, South. Surgeon 12:179, 1946.
11. Nylander, P. E. A.: Uber parathyroideale Halszysten. Acta chir. Scandinav. 64:539, 1929.
12. Perdue, G. D. & Martin, J. D.: Parathyroid Cysts: Report of a Case, Am. Surgeon 25:698, 1959.
13. Welti, H.: Apropos des kystes Parathyroidiens, Mem. Acad. de chir. 72:33, 1946.

. . . genius may have its limitations but stupidity is not thus handicapped.

ELBERT HUBBARD.

Ectopic Pregnancy: Analysis of 63 Cases

Thomas R. Poole, M. D., and John T. Chambers, M. D.

Diagnosing ectopic pregnancy is frequently difficult. In West Virginia alone, during the years 1951 to 1960, inclusive, there were 9 deaths due to ectopic pregnancy,[1] amounting to 3.6 per cent of the total maternal deaths. For these reasons the clinician must suspect this diagnosis until it can be substantiated or eliminated by further evaluation of the case.

In the present study and review of cases an attempt has been made to evaluate the history, physical findings, diagnostic aids and all pertinent data that were of value in making the diagnosis.

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Incidence

From November, 1951 to June, 1961, inclusive, there were 12,309 deliveries at Memorial Hospital in Charleston, West Virginia. During the same period there were 63 cases of ectopic pregnancy, an incidence of one per 195 deliveries, or 0.51 per cent. The rate is similar to those reported by other observers.[2-10]

Age, Race and Parity

Fifty-four (85.7 per cent) of the 63 patients were white and 9 (14.3 per cent) were nonwhite, a not surprising feature since the majority of patients delivered at our hospital are members of the Caucasian race. It is generally agreed that the incidence of ectopic pregnancy in Negro women is slightly higher than that in white women. It is of interest to note that 43 (68.3 per cent) of the patients were on the obstetrical-gynecological service while 20 (31.7 per cent) were on the surgical service. A small percentage of the patients were admitted by internists.

The maternal age incidence and parity were not appreciably unlike those of normal pregnancy.

History and Symptoms

A definite history of pelvic inflammatory disease was elicited from 18 (28.6 per cent) patients. Fifteen (23.8 per cent) had some degree of infertility, and 16 (25.4 per cent) had previously aborted. Previous ectopic pregnancy had occurred in 5 (7.9 per cent) cases.

In our series, 20 (31.7 per cent) had had a previous curettage. This is more than the 8.3 per cent[13] and 14 per cent[6] noted in other recent studies. Laparotomy had previously been performed in 18 (28.6 per cent) cases.

The three most common symptoms in order of frequency were abdominal pain, vaginal bleeding and a missed period. A history of some degree of abdominal discomfort was obtained in all cases. This generally was described as cramping, and occasionally was considered to be knife-like. The pain was usually in the lower abdomen, often bilateral, being more pronounced on the side of the tubal gestation. The onset sometimes occurred at night when the patient was asleep, but frequently was precipitated by some sort of activity such as lifting a heavy object, defecation or coition. In at least two cases the onset occurred following pelvic examination. In 33 (52.4 per cent) cases the pain was of 8 days duration, or longer.

Abnormal vaginal bleeding was the second most frequent symptom and was present in 52 cases (82.5 per cent). In 7 cases the patient had been bleeding for more than 30 days. Such prolonged bleeding is an indication of the chronic nature of some ectopic gestations. The quantity of bleeding varied, but most often was judged to be scanty or intermittent, rarely profuse. There appeared to be no fixed pattern as to whether the abdominal pain preceded the onset of vaginal bleeding, or vice versa. Frequently these symptoms occurred within hours of each other.

Amenorrhea, the third most common symptom, was observed in 37 (58.7 per cent). Shoulder pain was present in 23 (36.3 per cent) cases. This is caused by diaphragmatic irritation by the free abdominal blood. Other symptoms asso-

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ciated with those just mentioned are tabulated in Table I.

Table I

Most Common Symptoms of Ectopic Pregnancy

Symptom	*No.*	*Per Cent*
Abdominal pain	63	100
1-12 hours	9	14.3
13-24 hours	7	11.1
1-7 days	14	22.2
8-14 days	22	34.9
15-30 days	9	14.3
31-50 days	2	3.2
Vaginal bleeding	52	82.5
9 hours-10 days	25	39.7
11-20 days	7	11.1
21-30 days	13	20.6
31-40 days	5	7.9
41-50 days	2	3.2
Amenorrhea	37	58.7
5-7 weeks	30	47.6
8-12 weeks	7	11.1
Anorexia/nausea	34	53.9
Dizziness/syncope	26	41.1
Shoulder pain	23	36.3
Vomiting	21	33.3
G-U symptoms (freq., urge., dysuria)	18	28.6
Backache	17	27.0
Diarrhea	6	9.5

Vital Signs and Physical Findings

Patients with ectopic pregnancy usually are afebrile or, at most, have low grade fever.[13] Temperature was less than 98 F. in 4 (6.4 per cent) cases, and higher than 101 F. in only 2 (3.2 per cent). In 9 (14.3 per cent), the pulse rate was 110 or more. The systolic blood pressure initially was below 100 in only 15 (23.6 per cent) cases, although 16 (25.4 per cent) patients were considered to be in shock at the time of admission. This correlates well with the amount of blood found in the abdominal cavity at the time of surgery, as seen in Table II.

Table II

Blood in Abdominal Cavity at Surgery

Amount (ml.)	*No.*	*Per Cent*
None	6	9.5
Nonspecific	8	12.7
"Considerable"	21	33.3
100-200	4	6.4
200-500	3	4.8
500-750	5	7.9
750-1000	5	7.9
1000-1500	6	9.5
1500-2000	5	7.9

Table III gives a listing of the significant physical findings. Abdominal tenderness, observed in 59 (93.6 per cent) cases, was the most prominent finding. A tender uterus, particularly on manipulation of the cervix, was present in 45 (71.4 per cent). An adnexal mass was noted in 37 (58.7 per cent). The uterus was enlarged in 21 (33.3 per cent) cases.

Table III

Physical Findings in Ectopic Pregnancy

Finding	*No.*	*Per Cent*
Abdominal tenderness	59	93.6
Tender uterus	45	71.4
Adnexal tenderness	44	69.9
Adnexal mass	37	58.7
Rebound tenderness	29	46.0
Abdominal rigidity	25	39.7
Cul-de-sac fullness	22	34.9
Enlarged uterus	21	33.3
Pallor	17	27.0
Cul-de-sac tenderness	16	25.4
Shock (at admission)	16	25.4
Chadwick's/Hegar's sign	14	22.2
Abdominal distention	11	17.5

Laboratory Findings

Although many patients with ectopic pregnancy have normal blood findings, some show elevation of the leukocyte count and depression of the hemoglobin. In our series, the white count was above 15,000 in 16 (25.4 per cent) cases and the hemoglobin was below 9 Gm. in 6 (9.5 per cent). An erythrocyte sedimentation rate was done in 15 (23.8 per cent). The range was from 13 to 66 mm. in one hour, with an average value of 38.1.

Pregnancy tests performed in 16 cases (25.4 per cent) were positive in 5 (31.3 per cent) and negative in 11 (68.7 per cent).

Diagnostic Procedures

Additional diagnostic procedures included culdocentesis, colpotomy, culdoscopy and curettage. Of these, curettage was most commonly performed and was done in 22 cases (34.9 percent). In half of those, the microscopic examination showed decidual reaction. This means that there was viable trophoblastic tissue present, with production of chorionic gonadotropin hormone. Slightly more than half had a secretory endometrium. This indicates that the trophoblasts were no longer viable, thus returning the endometrium to control by normal ovarian function.

Culdocentesis was performed in 10 cases (15.9 per cent). This was positive for blood in 7, negative in 1, and false-negative in 2. Colpotomy, done in 7 (11.1 per cent), was positive in 6 and negative in one. Five patients (7.9 per cent)

Table IV

Preoperative Diagnosis in 63 Cases of Ectopic Pregnancy

Diagnosis	*No.*	*Per Cent*
Ectopic pregnancy	49	77.8
Pelvic inflammatory disease	3	4.8
Ovarian cyst	2	3.2
Ovarian cyst, twisted	2	3.2
Appendicitis	2	3.2
Missed abortion	2	3.2
Incomplete abortion	1	1.6
Functional uterine bleeding	1	1.6
Tubo-ovarian mass	1	1.6

had culdoscopic examinations and the ectopic pregnancy was diagnosed in all cases.

The preoperative diagnosis was correct in 49 (77.8 per cent) of the 63 cases. This is similar to figures published by others.[6, 7, 8, 9] Preoperative diagnoses are tabulated in Table IV.

Seven (11.1 per cent) of the patients in our series were seen in the hospital emergency room within 3 days to 1 month of their hospitalization. Nine (14.3 per cent) had previously been admitted to the hospital for brief stays within 1 week to 1 month. Despite this previous opportunity for diagnosis in 25 per cent of cases, the incidence of tubal rupture in this group was no greater than in the others.

The time from admission to surgery was 1 to 3 hours in 21 (33.3 per cent), 3 to 9 hours in 10 (15.9 per cent), 11 to 24 hours in 15 (23.8 per cent) and from 1 to 7 days in 16 (25.4 per cent).

Treatment and Findings

The amount of free blood in the abdominal cavity at the time of surgery is shown in Table II. As previously stated, this was significant in over 80 per cent of cases. At least eleven (17.4 per cent) were estimated to have over 1 liter, while 21 (33.3 per cent) were vaguely described as having a "considerable amount" of blood in the abdomen. The amount of blood replaced during the entire hospitalization can be seen in Table V. Forty-seven patients (74.6 per cent) were transfused. Nineteen (30.1 per cent) received only 500 ml. and 7 (11.1 per cent) were given 4 units or more of whole blood.

Table V

Blood Replacement During Hospitalization

Amount (ml.)	*No.*	*Per Cent*
None	16	25.4
500-	19	30.1
1000-	13	20.6
1500-	8	12.7
2000-	5	7.9
3500-	1	1.6
4000-	1	1.6

In the series of 63 cases the site of nidation in all instances was a portion of the fallopian tube. More specifically, 30 (47.6 per cent) occurred in the left tube and 33 (52.4 per cent) in the right. Other authors[4, 8, 13] have found similar slight predilection for the right tube, with reports as high as 60 per cent.[12, 15] The proximal end of the tube was involved in 5 (7.9 per cent), midportion in 27 (42.9 per cent), and the distal end in 31 (49.2 per cent). It is interesting to note that in 9 instances (14.3 per cent) the tubal pregnancy was considered to be unruptured, 13 (20.6 per cent) were leaking blood, and 41 (65.1 per cent) were ruptured at the time of surgery. The fetal size ranged from 1 to 13 cm. in length in 16 instances where this information was given.

The various surgical procedures used in the management of the patients are listed in Table VI. By far, the most common form of treatment was unilateral partial or total salpingectomy, which was done in 40 cases (63.5 per cent). Two of these were done by the vaginal route. Next in frequency was unilateral salpingo-oophorectomy. This was done in 21 cases (33.3 per cent). Incidental appendectomy was done in 13 instances (20.6 per cent). Four patients were found to have endometriosis. Another patient had a radical hysterectomy for carcinoma of the cervix and was found to have a previously unsuspected ectopic pregnancy.

General anesthesia was used in 57 cases (90.5 per cent), and 6 (9.5 per cent) had intrathecal anesthesia. Intrathecal anesthesia is contraindicated in shock or acute bleeding.

Table VI

Surgical Procedures Used in Treatment of Patients with Ectopic Pregnancy

Procedure	*No.*	*Per Cent*
Salpingectomy, unilat.*	40	63.5
Salpingectomy, bilat.	2	3.2
Salpingo-oophorectomy	21	33.3
Salpingotomy	1	1.6
Ovarian cystectomy	6	9.5
Dilatation & curettage	16	25.4
Appendectomy	13	20.6
Lysis of adhesions	3	4.8
Total hysterectomy	2	3.2
Myomectomy	2	3.2
Radical hysterectomy	1	1.6
Endometrial implant, exc.	1	1.6

*Two by vaginal route

Postoperative Complications

Table VII shows the various types of complications encountered postoperatively. The total amount of 14 (22.2 per cent) complications, after close examination of temperature charts, is somewhat less than generally reported. Recent publications have given figures of 31.5 to 70 per cent complications in this condition.[6, 7, 8, 12] Elevation of temperature (morbidity) was the most common complication. There were no maternal deaths in our cases.

The hospital stay ranged from 4 to 22 days. Thirty-nine (61.9 per cent) stayed from 6 to 8 days.

Table VII

Postoperative Complications in Ectopic Pregnancy

Complication	*No.*	*Per Cent*
Morbidity (febrile)	8	12.7
Wound infection	2	3.2
Thrombophlebitis, right foot	1	1.6
Atelectasis, mild	1	1.6
Urticaria, generalized (transfusion reaction?)	1	1.6
Pain of obscure origin, right flank	1	1.6
Total	14	22.3

Discussion

Although most ectopic pregnancies are found in the 20 to 40 year age group, the possibility of an extrauterine gestation must be considered in any woman in the child-bearing age having abdominal pain, irregular bleeding and amenorrhea. This is particularly true if the patient is multiparous with a history of previous pelvic inflammatory disease, infertility, or previous pelvic surgery. If pain is in the lower abdomen and if there is pelvic tenderness, or pain on movement of the cervix, ectopic pregnancy should be strongly considered.

Since over 80 per cent of the patients had free blood in the abdominal cavity, it is obvious that a culdocentesis might aid in establishing the diagnosis. Culdoscopy can be used to advantage in cases presenting a diagnostic problem, and often may prevent an unnecessary abdominal operation.

There are no specific laboratory findings characteristic of this condition. This makes the clinical picture and a high index of suspicion of primary importance in making the diagnosis. It has been shown earlier that the hemoglobin reveals anemia in a small number of patients, and the leukocyte count frequently is abnormally elevated. The ESR was found to be increased in almost all instances where this was done. The many variations in reports of results of pregnancy tests have shown this to be of little value, except perhaps in differentiating this condition from pelvic inflammatory disease when the test is positive. The fact remains that these two conditions may coexist, as well as intrauterine and extrauterine pregnancy, and a negative test should never influence one to exclude the possibility of an ectopic pregnancy. A negative test in early pregnancy simply means that the trophoblastic cells are no longer viable, thus not producing chorionic gonadotropin hormone.

Summary

1. During the period of November, 1951 to June, 1961, inclusive, there were 63 ectopic pregnancies at Memorial Hospital in Charleston, West Virginia, an incidence of one per 195 deliveries.

2. Ectopic pregnancy occurred at all ages during the child-bearing years, but the mean age was 28.4 years.

3. Previous histories of pelvic inflammatory disease, pelvic surgery, and infertility were not uncommon in the series of 63 cases.

4. The three most common symptoms, in order of frequency, were abdominal pain, vaginal bleeding and amenorrhea.

5. Abdominal tenderness, tenderness on manipulation of the cervix and adnexal tenderness were the most prominent physical findings. An adnexal mass was palpable in approximately 50 per cent of cases.

6. Free blood was found in the abdominal cavity in over 80 per cent of cases.

7. There were postoperative complications in 22.2 per cent, a rate somewhat lower than those generally reported.

8. The differential diagnosis in the case of every woman in the child-bearing age who complains of abdominal pain should include ectopic pregnancy.

References

1. Personal communication to the authors, Division of Maternal and Child Health, Department of Health, State of West Virginia.
2. Eastman, N. J., in Williams Obstetrics, ed. 11, New York, Appleton-Century-Croft, 1956.
3. Schumann, E. A., in Extra-Uterine Pregnancy, New York, D. Appleton and Company, 1921. Cited in reference 2.
4. Malkasian, G. D., Jr., Hunter, J. S., Jr. & Re Mine, W. H.: Ectopic Pregnancy: Analysis of 322 Consecutive Cases from 1935-1954, J. A. M. A. 168:985-990, 1958.
5. Beacham, W. D., Webster, H. D. & Beacham, D. W.: Ectopic Pregnancy at New Orleans Charity Hospital, Am. J. Obst. & Gynec. 72:830-843, 1956.
6. Soisson, F. L. & Moren, J. P.: Ectopic Pregnancy: A Review of 50 Cases at Tripler U. S. Army Hospital. Am. J. Obst. & Gynec. 77:352-363, 1959.
7. De Alvarez, R. R. & Nisco, F. S.: Ectopic Pregnancy: 18-Year Analysis, Obst. & Gynec. 17:536-542, 1961.
8. Crawford, E. & Hutchinson, H.: A Decade of Reports of Tubal Pregnancy Condensed from the Literature, Plus 300 Consecutive Cases Without a Death, Am. J. Obst. & Gynec. 67:568-584, 1954.
9. Word, B.: Ruptured Tubal Pregnancy: Aids in Diagnosis and Treatment, Obst. & Gynec. 8:627-635. 1956.
10. Nelson, H. M. & Guindi, S.: Ectopic Pregnancy, Postgrad. Med. 28:343-346, 1960.
11. Armstrong, J. T., Wills, S. H., Moore, J. & Lauden, A. E.: Ectopic Pregnancy: A Review of 485 Cases. Am. J. Obst. & Gynec. 77:364-370, 1959.
12. Cherny, W. B., Wilbanks, G. & Peete, C. H., Jr.: The Management of Ectopic Pregnancy by Colpotomy, South. M. J. 55:568-572, 1962.
13. Sandmire, H. F. & Randall, J. H.: Ectopic Pregnancy: A Review of 182 Cases, Obst. & Gynec. 14:227-233, 1959.
14. Hall, R. E. & Todd: The Suspected Ectopic Pregnancy; Review of 500 Cases, Am. J. Obst. & Gynec. 81:1220-1229, 1961.
15. Williams, P. C. & Enriquez, R. V.: Ectopic Pregnancy, M. Clin. North America 45:115-125, 1961.

Don't Criticize – Join!

RUMOR has it that your Medical Society is run by a "clique." Careful investigation would show that this is true.

Furthermore, you would find that the clique is composed of faithful members who are present at every meeting, who do all the work, who give willingly of their time, energies and efforts, and who sincerely believe that the more one puts into his Medical Society the more he will get out of it.

There is no question that the enthusiasm, responsibility and efforts of these members are of inestimable value to your Medical Society. And it is suggested, therefore, that you join this clique. It is not a difficult matter to do so—in fact, it is very easy. Begin by attending Society meetings regularly; take a lively interest in its activities; accept responsibilities in floor work and on committees. Show a continual interest in all affairs pertaining to your Society. Before you realize it you will become a member of the clique, and you would be surprised to know how anxious they are to have you.

Don't criticize the clique. Join it!—Kenneth G. MacDonald, M. D., President, Kanawha Medical Society, in the Newsletter published by the Society in September.

The President's Page

A Reminder and a Request

THE West Virginia State Medical Association, the state unit of organized medicine, represents a great profession dedicated to the care and treatment of the sick, the prevention of disease processes both organic and functional, and the promotion of medical research and clinical investigation. In addition to the above primary functions, organized medicine has the added function of protecting both the general public and the profession from all extraneous influences and pressures interfering with or subverting these primary functions of the physician. Organized effort, in view of our idealized goal, is imperative to the health, happiness, and life of our patients, and to the success of our profession as measured in terms of "the good life," be it defined by philosopher, the professional man, or the average mass laborer.

We should express our gratitude to both the dedicated teachers and physicians of the past, all of whom have made contributions, both large and small, toward the progress of medicine, as well as those whom we have known personally. Time has emphasized the truth in the statement that the practice of medicine is both a science and an art.

At present, the State Medical Association is confronted with several pressing problems. The latter involve, also, both the County Medical Societies and each individual physician. The success of any program depends, in great measure, upon the amount of work and the degree of co-action between the State Association and the County Medical Societies.

A few of the impending problems are:

(1) At the *National Level*: The 1963 version of the King-Anderson Bill. This is the same Social Security Medical Bill rejected by the previous Congress and by American public opinion, but which now includes *all* people above age 65.

(2) At the *State Level*:

- (a) Pre-paid Medical Plans.
- (b) Possible changes in the Medical Licensing Law.
- (c) More efficient implementation of the Kerr-Mills Law (M.A.A.) and better administration of all medical welfare programs.
- (d) Organized medicine and the State Mental Health Program.
- (e) Physicians in the Rural Health Program.

These are just a few of the current problems; I ask the appropriate state and county committees to seriously consider them, as well as other matters, in the near future and to submit positive recommendations.

The next year may well be a crucial one in determining the future of the private practice of medicine, both state and nation-wide. We must not fail in upholding the ideals of medicine, for the very nature of the opposing forces will permit us only *one failure*.

Charles L. Goodhand

Charles L. Goodhand, M. D., President

THE WEST VIRGINIA MEDICAL JOURNAL

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EDITORIALS

THE NEW PRESIDENT

Dr. Charles L. Goodhand of Parkersburg, who has given unselfishly of his time and services to organized medicine, was installed as President of the West Virginia State Medical Association during the 96th Annual Meeting at The Greenbrier in White Sulphur Springs. A prominent obstetrician and gynecologist, Doctor Goodhand has practiced his specialty in Parkersburg since the completion of his residency training in 1938. During this time he has maintained an active interest in both medical and civic affairs, and he is held in high esteem by his patients, colleagues and friends.

On the State level, Doctor Goodhand has come up through the ranks and has served the State Medical Association in many capacities. He served two terms as a member of the Council and was named vice-president in 1961 and president elect in 1962.

A native of Chester, Maryland, Doctor Goodhand was graduated from Western Maryland College and taught high school for two years prior to enrolling in the University of Maryland School of Medicine, where he received his M. D. degree in 1934. He served his internship and had residency training at hospitals in Baltimore prior to locating in Parkersburg.

He served with distinction in the Medical Corps of the United States Army during World War II and was Chief of the Surgical Department of the 55th Station Hospital. He served overseas for 34 months and was released in 1946 with the rank of Lieutenant Colonel.

Doctor Goodhand served as president of the Parkersburg Academy of Medicine in 1951 and has served two terms as president of the West Virginia Obstetrical and Gynecological Society.

Charles L. Goodhand, M. D.

He was certified by the American Board of Obstetrics and Gynecology in 1947 and he is a Fellow of the American College of Surgeons and the American College of Obstetrics and Gynecology. He is a member of the editorial board of *The West Virginia Medical Journal.*

He was elected to the Parkersburg Charter Board and served as its chairman, 1960-61. He has served as Chief of the obstetrical service at St. Joseph's and Camden-Clark Memorial hospitals, and has served terms as president of both hospital staffs.

He married the former Helen Willis of the Eastern Shore of Maryland and they have one daughter, Carolyn Bryan, who is a student at Goucher College in Baltimore. Mrs. Goodhand is a past president of the Woman's Auxiliary to the State Medical Association and also served for several years as chairman of the Legislative Committee of the AMA Auxiliary.

We pledge our full support to Doctor Goodhand during his term of office. He possesses all the qualities of a good president and we are confident he will provide strong leadership during the ensuing months.

THE OSTEOPATHIC SITUATION

Elsewhere in this issue of *The Journal* (Page 337) appears a report of the Special Committee on the Osteopathic situation in West Virginia. Contained in this report are the recommendations of the AMA House of Delegates as presented at the annual meeting in 1961.

Dr. Thomas G. Reed and other members of the committee deserve high commendation and a vote of thanks from the membership for this excellent analysis of the present relationship between doctors of medicine and osteopathic physicians.

This report indicates a desire to promote a more friendly medical and professional atmosphere between these two groups of the healing arts. There is a hope that these proceedings may eventually lead to a national merger.

One large osteopathy college has become an approved medical school by AMA standards. All past graduates of this school had the option of changing their osteopathy diploma to one indicating graduation from an approved school of medicine. Most osteopathy graduates of this school became M. D.'s on this basis.

Except for a small, hard core of D.O.'s—it is possible that most osteopathy graduates will become M. D.'s as a result of further future planning. All osteopaths in California are now M. D.'s according to California law. The osteopathic society is dissolved and the former osteopaths are members in a special category of the California Medical Association. These converted M. D.'s have created major problems in medical licensing and in hospital staffing.

A prophetic President's Page by Dr. S. S. Hall in the December, 1952, issue of *The Journal,* showed a deep concern with this problem 11 years ago. The statement was made therein—"We shall solve this problem on a realistic and honorable basis. If all the osteopathic physicians have the same basic training on a national basis, standards of osteopathic schools will be forced to meet the accreditation standards of the AMA approved schools."

The report of the Committee is a step forward. There are many but minor difficulties ahead and it is hoped the efforts of this Committee will be on a continuing schedule. Consideration of a composite medical practice act and licensing board should follow in logical sequence.

FREEDOM IN SCIENTIFIC RESEARCH

The heritage of freedom in scientific research is again under attack by a series of anti-vivisectionist bills introduced in the United States Congress. Physicians everywhere should become familiar with the contents of these bills and register objection or approval according to individual or medical society reaction.

The special article and editorial in the August issue of *The Journal* concerning the present bills were prepared by researchers and medical faculty members who are not "Johnnie Come Latelies" to this field of medicine. The West Virginia University School of Medicine is a member of the National Society for Medical Research and the authors are clearly familiar with the scientific calibre of the society. It cannot be said that our West Virginia contributors had "apparently total reliance on predigested information and predetermined conclusions furnished *The Journal* by the National Society for Medical Research," as stated by Senator Jennings Randolph.

It should be stated for the record that medical researchers are human beings and consistently treat their animals with humane care.

There are medical organizations devoted solely to this purpose. Standards for the care of animals have been highly developed and there is now an accreditation program for hospitals and medical

schools that necessitates the highest humane criteria in the care of laboratory animals.

The Fogarty and Roberts bills have been endorsed by some medical organizations including the National Tuberculosis Association. These bills provide that the Surgeon General shall prescribe and publish standards for the humane care, handling and treatment of laboratory animals. The Randolph Bill gives the government more authority over medicine. It increases the amount of government paper work through endless reporting and makes "humane care" a decisive factor in all grants for medical research.

Medical organizations and physicians need not rely on material in *The Journal*—secure all bills, read them, make your own decision, and so inform your Congressional representative.

AN ACTIVE COMMITTEE

For a number of years one of the most active committees of the State Medical Association has been the Insurance Committee. This Committee is charged with the responsibility of keeping itself informed concerning the broad field of insurance and arranging for the establishment of the most advantageous group policies for the membership.

In our opinion, the Committee has succeeded admirably. Seldom has a year passed in the last decade that the members of the State Medical Association haven't been offered a new and attractive group policy. The Committee and our administrator are to be commended for their diligence in developing and making available the group policies.

Dr. Charles A. Hoffman of Huntington, a past president and currently a delegate to the American Medical Association, has served as Chairman of the Committee since its inception. Doctor Hoffman and Mr. J. Banks Shepherd of Charleston, administrator of most of the group policies, deserve a pat on the back for their hard work.

We call to your attention the annual reports of the Special Investment Trust Committee and the Insurance Committee which appear elsewhere in this issue of *The Journal* (Page 336). You will note that an Investment Trust Plan has been established and will be offered to our members within the next few weeks. Also available will be a catastrophe liability policy designed to provide additional protection for physicians in areas not normally covered by regular policies. Development of these plans required many months of study.

The State's largest Bank, The Charleston National Bank, will be the trustee for the Investment Plan and Mr. Shepherd will serve as Plan Consultant. Officials of the Bank and Mr. Shepherd have announced that members of their respective staffs will be most happy to travel throughout the State for the purpose of appearing before meetings of county medical societies to discuss with physicians the new plans and others currently available.

Results of Congressional Polls

Congressional polls are showing strong grass-roots opposition to any medical-hospital plan for the aged under the Social Security system. Twenty-three polls so far have asked for an opinion on the controversial issue. In one it was revealed a majority favored the plan. The questionnaires were sent by congressmen from both parties and from all sections of the nation.

Some 211,666 individual responses were included in a tabulation of the polls, with 134,973 individuals opposed to the use of the Social Security mechanism, 58,121 favoring it, and the remaining 18,572 with no opinion. The tabulation shows that 63.8 per cent of those responding opposed the use of the Social Security mechanism, 27.4 per cent favored it, and 8.8 per cent had no opinion.

Effects of the New Drug Law

The physician's freedom to prescribe may be further curtailed if effective drugs are unjustifiably withheld from the market, or pressures mount for him to prescribe by generic name. Furthermore, the governmental insistence upon detailed directions for use to accompany all prescription drugs and all promotional material for them increases the risks of malpractice suits if the practicing physician follows his judgment and deviates from dosage or use directions.

Clinical investigators may be driven into other fields of research where there is less red tape, thus further slowing down the march of new medicines to the prescription counter. Also, the physician's confidential relationship with a patient is in danger of invasion by the detailed reporting now required and the new authority given the Food and Drug Administration to examine clinical records.—Austin Smith, M. D., President, Pharmaceutical Manufacturers Association

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Careers in Medicine Best

Medicine topped all other professions in a recent Gallop Poll to determine what the public believes are the best fields for young people to enter. Respondents in the nationwide survey were asked which of nine professions they would first recommend to a young man seeking a career.

Of the respondents, 23 per cent listed medicine as the "best" profession, while 18 per cent favored engineering and 12 per cent preferred teaching. Thirty-six per cent were divided between the ministry, government service, law, business, dentistry, banking and "other." Eleven per cent offered no opinion.

GENERAL NEWS

Dr. Goodhand Installed as President Of State Medical Association

Dr. Charles L. Goodhand of Parkersburg was installed as President of the West Virginia State Medical Association by Dr. L. J. Pace of Princeton, the immediate past president, at the final session of the House of Delegates during the 96th Annual Meeting at The Greenbrier on Saturday afternoon, August 24.

Doctor Pace automatically becomes Chairman of the Council of the State Medical Association.

Dr. L. J. Pace of Princeton, left, immediate past president of the West Virginia State Medical Association, is shown with the new president, Dr. Charles L. Goodhand, center, of Parkersburg, and Dr. D. E. Greeneltch of Wheeling, immediate past chairman of the Council, during the 96th Annual Meeting at The Greenbrier (Photo Courtesy of the Charleston Gazette).

Doctor Goodhand served four years as a member of the Council and was elected vice president in 1961 and president elect in 1962.

Dr. Albert C. Esposito President Elect

Dr. Albert C. Esposito of Huntington, who was named vice president in 1962, was named president elect. He will be installed as president at the 97th Annual Meeting at The Greenbrier in August, 1964.

Dr. Seigle W. Parks of Fairmont, a former member of the Council, was elected vice president. He also served during the past year as a member of the Committee on Medical Economics.

Dr. Daniel N. Barber of Charleston was reelected treasurer, a post he has held since 1958.

Dr. D. E. Greeneltch of Wheeling, who has served during the past year as Chairman of the Council, will serve as Councilor-at-Large during the coming year.

Four New Members of The Council

Four new members of Council were elected as follows:

Dr. Joseph L. Curry of Wheeling (first district); Dr. Maynard P. Pride of Morgantown (second district); Dr. Buford W. McNeer of Hinton (fifth district); and Dr. D. Alene Blake of Oak Hill (sixth district).

The new members succeed Drs. Richard E. Flood of Weirton, Justus C. Pickett of Morgantown, Harold Van Hoose of Man and C. A. Smith of Beckley, who had served two terms each and were not eligible for reelection.

Two Council Members Reelected

Two members of the Council were reelected to serve terms of two years. They had served but one term and were eligible for reelection. They are as follows:

Dr. John E. Echols of Richwood (third district), and Dr. I. Ewen Taylor of Huntington (fourth district).

Holdover members of the Council who will serve during 1963-64 are as follows:

Dr. Paul P. Warden of Grafton (first district); Dr. Charles L. Leonard of Elkins (second district); Dr. Richard V. Lynch, Jr., of Clarksburg (third district); Dr. Richard W. Corbitt of Parkersburg (fourth district); Dr. Ward Wylie of Mullens (fifth district); and Dr. William B. Rossman of Charleston (sixth district).

Doctor Holroyd Reelected AMA Delegate

Dr. Frank J. Holroyd of Princeton was reelected AMA delegate from West Virginia and Dr. Thomas G. Reed of Charleston was reelected as AMA alternate. Each will serve a two-year term beginning January 1, 1964. Dr. Charles A. Hoffman of Huntington is the holdover AMA delegate and Dr. D. E. Greeneltch of Wheeling the holdover alternate.

New President Native of Maryland

Doctor Goodhand, the new president, is a native of Chester, Maryland. He was graduated in 1928 from Western Maryland College and taught high school for two years in Sudlersville, Maryland. He then enrolled in the University of Maryland School of Medicine and received his M. D. degree in 1934.

He served his internship at the University of Maryland Hospital in Baltimore, 1934-36, and served as assistant resident in obstetrics at the same Hospital in 1936-37. He completed his residency training at Baltimore City Hospital, 1937-38. Doctor Goodhand was licensed to practice medicine in West Virginia in 1938 and established his practice in Parkersburg that

same year. He was certified by the American Board of Obstetrics and Gynecology in 1947.

During World War II, he served in the Medical Corps of the United States Army and was Chief of the Surgical Department of the 55th Station Hospital. He served overseas for 34 months and was released in 1946 with the rank of Lieutenant Colonel.

Doctor Goodhand served as president of the Parkersburg Academy of Medicine in 1951 and has served two terms as president of the West Virginia Obstetrical and Gynecological Society. He is a Fellow of the American College of Surgeons and the American College of Obstetrics and Gynecology. He served two terms as a member of the Council of the State Medical Association and was named vice president in 1961 and president elect in 1962.

Doctor Goodhand has maintained an active interest in civic affairs and has served as chairman of the Parkersburg Charter Board. He has served as Chief of the Obstetrical Service at St. Joseph's and Camden-Clark Memorial Hospitals in Parkersburg, and has served terms as president of both hospital staffs.

He is married to the former Helen Willis of the Eastern Shore of Maryland and they have one daughter, Carolyn Bryan, who is a student at Goucher College in Baltimore.

The President Elect

Dr. Albert C. Esposito, the president elect, is a native of Pittsburgh, Pennsylvania. He was graduated from the University of Pittsburgh and received his M. D. degree in 1938 from the Loyola University School of Medicine in Chicago.

He served an internship at St. Francis Hospital in Pittsburgh, 1938-39, and had residency training in ophthalmology at Illinois Central Hospital in Chicago and at the Ohio State University College of Medicine.

Doctor Esposito was certified by the American Board of Ophthalmology in 1950 and that same year was elected a Fellow of the American Academy of Ophthalmology and Otolaryngology. He served two terms as a member of Council and was elected vice president of the State Medical Association in 1962.

Dr. James S. Klumpp of Huntington, left, Parliamentarian and a past president of the State Medical Association, receives a plaque from Dr. D. E. Greenetch of Wheeling in recognition of his "Outstanding Contribution to Medicine on the Local, State and National Levels."

During World War II, Doctor Esposito served in the Medical Corps of the United States Army and was released in 1946 with the rank of Major.

He has been active in the Southern Medical Association and currently is serving as councilor from West Virginia. Also, he is chairman elect of the Section on Ophthalmology and Otolaryngology.

Resolutions Committee Meeting

The Committee on Resolutions held an open hearing on four resolutions lodged with the executive secretary

Dr. Paul A. Miller, second from right, President of West Virginia University, was the first speaker at the opening session which was designated as "WVU School of Medicine Day." He is shown with Dr. John W. Hash of Charleston, left, Dr. Maynard P. Pride of Morgantown, a member of the Program Committee, and Dr. L. J. Pace of Princeton, immediate past president of the State Medical Association.

Dr. Russel Kessel of Charleston, center, is shown with Richard L. Hess of Clarksburg and J. Donald Morrison of Huntington, recipients of four-year scholarships to the West Virginia University School of Medicine.

at least two weeks prior to the first day of the meeting. The meeting was held on Thursday afternoon, August 22, and was attended by several interested physicians in addition to members of the Committee.

The report of the Committee, which appears elsewhere in this issue of *The Journal*, includes the resolutions adopted by the House of Delegates at the second session on Saturday afternoon, August 24. One of the resolutions commended Dr. James L. Cunningham of Pickens, who observed his 100th birthday on September 1, for his many years of service to medicine in West Virginia.

Addresses by Drs. Pace and Miller

Dr. L. J. Pace of Princeton, the retiring president, delivered his Presidential Address at the first session of the House of Delegates on Wednesday evening. The complete text of Doctor Pace's address appears elsewhere in this issue of *The Journal*, beginning on page 295.

Dr. Paul A. Miller, President of West Virginia University, was the first speaker at the opening session on Thursday morning, August 22. His address will appear in a future issue of *The Journal*.

Medical Scholarships Awarded

Richard L. Hess of Clarksburg and J. Donald Morrison of Huntington were introduced by Dr. Russel Kessel of Charleston, a member of the Committee on Medical Education, Hospitals and Scholarships, as recipients of the 1963 medical scholarship awards.

Hess and Morrison are the seventh and eighth students to receive medical scholarships under the program which was inaugurated in 1958. In years prior to 1962, only a single scholarship was awarded.

1964 Meeting at The Greenbrier

The House of Delegates, prior to adjournment on Saturday afternoon, voted unanimously to return to The Greenbrier for the 97th Annual Meeting in 1964. The Council fixed August 20-22 as the dates for the coming year.

The total attendance for the meeting was 659, which compares with 714 in 1962. The physician registration was 419 as compared with 422 last year. The Auxiliary registration was 140 and the total registration for exhibitors and other guests was 100.

Neighboring State Presidents Attend Annual Meeting

The presidents of the medical associations of the neighboring states of Ohio, Pennsylvania, Maryland and Kentucky were among the honor guests at the 96th Annual Meeting at The Greenbrier in August. The following physicians, all of whom were accompanied by their wives, attended the meeting:

Dr. Horatio T. Pease of Wadsworth, Ohio, president of the Ohio State Medical Association; Dr. M. McKendree Boyer of Damascus, Maryland, president of the Medical and Chirurgical Faculty of the State of Maryland; Dr. David M. Cox of Louisville, president of the Kentucky State Medical Association; and Dr. W. Benson Harer of Upper Darby, Pennsylvania, president of the Pennsylvania Medical Society.

Dr. Charles L. Goodhand of Parkersburg, left, President of the State Medical Association, and Dr. Richard W. Corbitt, also of Parkersburg and a member of the Council, are shown together during the meeting. In the other photo are the six members of the West Virginia University School of Medicine faculty who participated in a symposium on "Neoplastic Disease in the Chest." They are, left to right, Drs. Harold I. Amory, Charles E. Andrews, Alvin L. Watne, Norman W. B. Craythorne, Victor M. Napoli and Richard A. Currie.

Dr. Alvin B. Hayles, left, Consultant in the Section of Pediatrics at The Mayo Clinic, is shown with Dr. Henry F. Warden, Jr., of Bluefield, Chairman of the Program Committee, and Dr. Maynard P. Pride of Morgantown, a member of that committee.

Pre-Convention Council Meeting At The Greenbrier, Aug. 21

The pre-convention meeting of the Council was held at The Greenbrier in White Sulphur Springs on August 21, 1963, with the Chairman, Dr. D. E. Greeneltch of Wheeling, presiding.

Dr. Thomas G. Reed of Charleston, Chairman of a committee named to meet with representatives of the West Virginia Society of Osteopathic Medicine, stated he would present the final report to the House of Delegates that evening (See page 337). The report was approved by the Council at the fall meeting in 1962 pending final action by the House of Delegates during the 1963 meeting.

In addition to Doctor Reed, the other members of the committee were Drs. C. R. Davisson of Weston, Hu C. Myers of Philippi and Robert J. Reed, Jr., of Wheeling.

Report of WVU Liaison Committee

Dr. George F. Evans of Clarksburg, Chairman of the WVU Liaison Committee, appeared before the Council and presented the following report:

"The WVU Liaison Committee met at 1:30 P. M. on Wednesday, August 21. The Committee heard Dr. Clark K. Sleeth, Dean of the West Virginia University School of Medicine, discuss the procedure of admission of students to the WVU School of Medicine.

"Dean Sleeth stated that academic requirements for the WVU School of Medicine were essentially the same as for all medical schools in the country. He said that 122 residents of West Virginia had applied for admission to the School of Medicine in 1963, and that of this number 62 were offered places in the enrolling class. He further reported that 50 of the 62 accepted places in the class.

"Dean Sleeth reported that there were 1049 applications from out-of-state residents for the 10 vacant places, and that 125 applicants had acceptable credentials.

"By unanimous vote, the WVU Liaison Committee endorsed the admission policy of the West Virginia University School of Medicine and also by unanimous vote commended Dean Sleeth and the admissions committee for a difficult and critical task."

The Council went on record unanimously as accepting and approving the report of the WVU Liaison Committee.

Election of Honorary Member

The Council elected Dr. Claude Frazier of Huntington to honorary life membership in the West Virginia State Medical Association.

Report of Budget and Personnel Committee

Dr. J. C. Huffman of Buckhannon reported that a meeting of the Budget and Personnel Committee had been held earlier in the afternoon.

Doctor Huffman said that the Committee voted unanimously to recommend to the Council and the House of Delegates that the annual dues of active members be increased from $38 to $50, with $6 of this amount earmarked for the Medical Scholarships Fund.

The Council approved the recommendations of the Committee and the Chairman of the Council was requested to present to the House of Delegates an amendment to the By-Laws concerning the dues increase.

Doctor Greeneltch pointed out that the Council previously had approved the establishment of two new standing committees, the Committee on Medical Aspects of Sports and the Committee on Medicine and Religion. He said that amendments to the By-Laws had been prepared and would be presented to the House of Delegates that evening as a part of the report of the Chairman of the Council.

Dr. Kenneth E. Penrod, left, Vice President of West Virginia University and Director of the WVU Medical Center, is shown with Dr. Thomas L. Harris of Parkersburg, center, and State Director of Health N. H. Dyer. Doctor Harris is a past president of the State Medical Association and the WVU Board of Governors.

Selection of Dates for 1964 Meeting

It was reported that The Greenbrier was holding the dates, August 20-22, 1964, for the 97th annual meeting of the West Virginia State Medical Association.

The Council went on record unanimously as approving the above mentioned dates for the 1964 meeting.

Commendation for Retiring Councilors

Dr. L. J. Pace reported that Drs. Richard E. Flood, J. C. Pickett, Harold Van Moose and Clyde A. Smith had completed four years of service as members of the Council and therefore were not eligible for reelection.

The Council went on record unanimously as commending Dr. D. E. Greeneltch, the Chairman, and the four retiring Councilors for their outstanding services during the past year.

The following members of the Council were present at the meeting: Dr. D. E. Greeneltch of Wheeling, Chairman; Dr. L. J. Pace of Princeton, President; Dr. Charles L. Goodhand of Parkersburg, President Elect; Dr. A. C. Esposito of Huntington, Vice President; Dr. John W. Hash of Charleston, Councilor-at-Large; and Drs. Paul P. Warden, Grafton; Richard E. Flood, Weirton; Charles L. Leonard, Elkins; Richard V. Lynch, Jr., Clarksburg; John E. Echols, Richwood; Richard W. Corbitt, Parkersburg; I. Ewen Taylor, Huntington; Harold Van Hoose, Man; and William B. Rossman, Charleston; and William H. Lively of Charleston, Executive Secretary.

The meeting also was attended by Dr. Frank J. Holroyd of Princeton, AMA Delegate; Dr. Thomas G. Reed of Charleston, AMA Alternate; Dr. George F. Evans of Clarksburg, Editor of *The Journal*; Dr. James S. Klumpp of Huntington, Parliamentarian; Dr. J. C. Huffman of Buckhannon; Dr. N. H. Dyer of Charleston, State Director of Health; Dr. J. D. H. Wilson of Clarksburg, Chairman of the Sub-Committee on Special Studies; Dr. George R. Callender, Jr., of Charleston, Chairman of the Medical Economics Committee; Dr. Joseph L. Curry of Wheeling, Chairman of the Public Service Committee; Dr. Stephen D. Ward of Wheeling, a member of the Legislative Committee; and Mr. Harry Hinton of Chicago, AMA Field Representative.

Ob. & Gyn. Examinations

The American Board of Obstetrics and Gynecology has announced that Part I examinations (written) will be held in various cities in the United States and Canada on Friday, December 13, 1963. Eligible candidates will be notified on or about November 1 where to appear for examination.

Commencing in 1965, Part I examinations (written) will be conducted in July at designated centers in the United States and Canada. Requirements, application, procedure, fees, etc., will be published in the 1964 Bulletin of the American Board of Obstetrics and Gynecology.

Further information may be obtained by writing Dr. Robert L. Faulkner, Executive Secretary, American Board of Obstetrics and Gynecology, 2105 Adelbert Road, Cleveland 6, Ohio.

Members of the Committee on Nominations are shown during the meeting at The Greenbrier. Seated are Drs. Harold Van Hoose of Man, John W. Hash of Charleston, chairman, and Richard W. Corbitt of Parkersburg. Standing: Richard E. Flood of Weirton and Richard V. Lynch, Jr., of Clarksburg.

Rocky Mountain Medical Conference

The 12th biennial Rocky Mountain Medical Conference will be held in Las Vegas, Nevada, October 30-November 2.

The conference will be held in conjunction with the 59th annual meeting of the Nevada State Medical Association and will feature scientific papers and panel discussions by 16 prominent physicians.

Physicians in West Virginia have been extended a cordial invitation to attend the conference. Futher information may be obtained by writing Dr. Thomas S. White, 3660 Baker Lane, Reno, Nevada.

1964 Meeting at The Greenbrier

At the final session of the House of Delegates on Saturday, August 24, it was ordered by the unanimous vote of the delegates present that the 97th Annual Meeting of the State Medical Association be held at The Greenbrier in 1964. The meeting is scheduled for August 20-22.

ACP Meeting in Detroit

A three day sectional meeting of the American College of Physicians will be held at the Sheraton-Cadillac Hotel in Detroit, Michigan, November 21-23.

The program will be devoted entirely to post graduate activities and will consist of general clinical sessions, combined clinical investigations and basic science sessions, and panel discussions. No formal social events or business meetings of the College are scheduled.

Local arrangements are under the direction of James T. Howell of Detroit. Further information may be obtained by writing the ACP, 4200 Pine Street, Philadelphia 4, Pennsylvania.

Amendments to By-Laws Adopted By House of Delegates

The House of Delegates of the West Virginia State Medical Association, at the second session on Saturday afternoon, August 24, adopted several amendments to the By-Laws. The amendments were offered at the first session on Wednesday evening, August 21, by Dr. D. E. Greeneltch of Wheeling, Chairman of the Council.

Increase in Dues of Active Members

Dues of active members were increased from $38 to $50 per annum as a result of the adoption of an amendment to Chapter I, Section 6 of the By-Laws. Six dollars of this amount is earmarked for the Medical Scholarships Fund to provide annual four-year scholarships to two students enrolled in the first-year class at the West Virginia University School of Medicine.

New Committees Named

Two new standing committees were provided for in the adoption of the following amendments to the By-Laws:

(1) Amend Chapter VIII, Section 1, By-Laws, as follows: Add "Committee on Medical Aspects of Sports" to list contained in that Section.

(2) Amend Chapter VIII, Section 5, By-Laws, as follows: The Committee on Medical Aspects of Sports shall (1) conduct a review of the insurance programs covering high school and college athletes in this State, (2) make a continuing study of the number and type of athletic injuries in the State, (3) study the type of equipment used in the different schools, and (4) confer with officers of the West Virginia Secondary Schools Activities Commission and the coaches and athletic directors of high schools and colleges in the State for the purpose of presenting professional advice and recommendations which may lead to the reduction or prevention of injury or disability among high school and college athletes.

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(1) Amend Chapter VIII, Section 1, By-Laws, as follows: Add "Committee on Medicine and Religion" to the list contained in that Section.

(2) Amend Chapter VIII, Section 5, By-Laws, as follows: The Committee on Medicine and Religion shall be concerned with the study of (1) physician-clergy relations in total patient care, (2) hospital chaplaincy and clinical pastoral education, and (3) theologic matters referable to medical and nursing school training. The Committee shall consult with and advise the Council and House of Delegates, component medical societies and other similar committees in medical or religious organizations.

Midwest Forum on Allergy

The Midwest Forum on Allergy, sponsored by the Cleveland Allergy Society, will be held at the Cleveland-Sheraton Hotel in Cleveland, October 12-13. Further information may be obtained by writing to Dr. I. M. Hinnant, 10465 Carnegie Avenue, Cleveland 6, Ohio.

Drs. Charles L. Leonard of Elkins, left, and Merle S. Scherr of Charleston, right, are shown with Drs. Eugene S. Bereston of Baltimore, Macy I. Levine of Pittsburgh and A. Harvey Neidorff of Altoona, Pennsylvania, speakers at a "Symposium on Occupational, Household and Cosmetic Allergy."

Medical Assistants Convention In Miami Beach, Oct. 9-13

Dr. Edward R. Annis, President of the American Medical Association, will be a guest speaker at the annual meeting of the American Association of Medical Assistants at the Eden Roc Hotel in Miami Beach, Florida, October 9-13.

Doctor Annis will speak on Saturday, October 12, on "The Fatigue of Support." A panel review of mental health problems frequently seen in the doctor's office and a workshop devoted to discussoins of state and county membership publications and the AAMA certification and educational programs also are scheduled on that day.

More than 500 physicians' aides are expected to attend the meeting which will open with sessions of the AAMA's House of Delegates, October 9-10. A Friday luncheon will honor state chapter presidents and Mrs. Judy Coleman of Dallas, Texas, will be installed as national president at a banquet on Saturday evening.

Medical Meetings, 1963

The following is a partial list of national, state and district medical meetings scheduled for 1963:

Oct. 2-4—W. Va. Hospital Association, Wheeling.
Oct. 3—Rural Health Conf., Jackson's Mill.
Oct. 4-5—ACS Symposium, Morgantown.
Oct. 6-9—Virginia Medical Society, Roanoke.
Oct. 9-10—W. Va. TB and Health Assn., Fairmont.
Oct. 9-12—Pennsylvania Med. Society, Pittsburgh.
Oct. 10-12—AMA School Conference, Chicago.
Oct. 13—GP Symposium, Wheeling.
Oct. 13-19—World Medical Assn., New York.
Oct. 17-19—Cardiac Symposium, Morgantown.
Oct. 21-22—American Cancer Soc., New York.
Oct. 21-24—Interstate PG Assn., Chicago.
Oct. 25-27—Potomac-Shenandoah Valley PG Institute, Martinsburg.
Oct. 25-29—American Heart Assn., Los Angeles.
Oct. 27-31—ACS Clinical Congress, San Francisco.
Nov. 18-21—Southern Medical, New Orleans, La.
Nov. 30-Dec. 1—ACCP Interim Meeting, Portland.
Dec. 1-3—AMA Clinical Meeting, Portland.

Eighth Annual Postgraduate Institute At Martinsburg, October 25-27

Thirty-two prominent physicians and scientists and five lay speakers will appear on the program for the Eighth Annual Potomac-Shenandoah Valley Postgraduate Institute in Martinsburg, October 25-27.

The three-day meeting is sponsored jointly by the Potomac-Shenandoah Valley PG Institute and the West Virginia Chapter of the American Academy of General Practice. Members of the American Academy of General Practice will be granted 20 hours of Category One Credit for attendance at the meeting.

Three nationally prominent Eastern Panhandle natives will discuss "Our Present and Future" at the West Virginia Centennial Banquet which will be held on Saturday evening at the Shenandoah Hotel. The speakers will be Stephen Ailes, Under Secretary of the Army; Capt. Charles N. G. Hendrix, USN, an authority on oceanography, atomic energy and polaris missiles; and Bradley Nash, Under Secretary of Commerce in the Eisenhower Administration.

Dr. William S. Sanders of Shepherdstown, Assistant Secretary General, Organization of American States, will be the guest speaker at a dinner meeting on Friday and Jim Comstock, editor of the *West Virginia Hillbilly*, will speak at a Sunday luncheon session.

Dr. Halvard Wanger of Shepherdstown, the Executive Director, said scientific and industrial exhibits will be housed in the Shenandoah Hotel and the scientific sessions will be held in the Apollo Theater.

Friday Morning Session

The first scientific session will be held on Friday morning, October 25, at which time the following program on surgery will be presented:

"The Physiology of Hyperbaric Oxygenation."—Edward J. Van Liere, M. D., Dean Emeritus, West Virginia University School of Medicine.

"Fundamental Radio-Isotope Biophysics and Clinical Application."—Donald Bruce Sodee, M. D., Assistant Professor of Radiology, George Washington University School of Medicine, Washington, D. C.

"Duodenal Ulcer and the Success of Treatment."—Jacob C. Handelsman, M. D., Associate Professor of Surgery, Johns Hopkins University School of Medicine, Baltimore.

"Scoliosis."—Edmond J. McDonnell, M. D., Assistant Professor of Orthopedic Surgery, Johns Hopkins University School of Medicine, Baltimore.

"Trends in Arterial Surgery."—George H. Yeager, M. D., Professor of Surgery, University of Maryland School of Medicine, Baltimore.

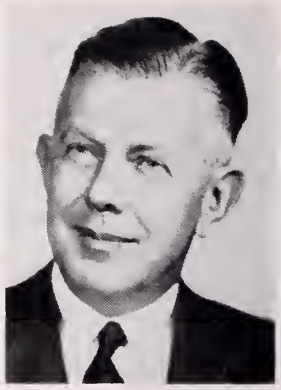
"Diagnosis and Treatment of Diseases of the Prostate Gland."—John D. Young, M. D., Professor and Head of the Department of Urology, University of Maryland School of Medicine, Baltimore.

Afternoon Session

There will be a round table discussion at the Friday luncheon and the discussion leader at each table of eight will be a speaker or other authority.

The afternoon session on Friday will be devoted to medicine. The speakers and their subjects will be as follows:

E. J. Van Liere, M. D.



John C. Krantz, Ph. D.

"Management of Carcinoma of the Nervous System."—Bernard J. Alpers, M. D., Professor and Head of the Department of Neurology, Jefferson Medical College, Philadelphia.

"Sarcoidosis."—Sol Katz, M. D., Associate Professor of Medicine, Georgetown University School of Medicine, Washington, D. C.

"Diagnosis of Capillary and Arterial Disease and Office Practice."—Louis A. M. Krause, M. D., Professor of Clinical Medicine, University of Maryland School of Medicine, Baltimore.

"Chemotherapy in Treatment of Leukemias and Lymphoma."—Milton S. Sacks, M. D., Professor and Head, Department of Clinical Pathology, University of Maryland School of Medicine, Baltimore.

"Pulmonary Function Tests and Their Clinical Significance."—Joel H. Richert, M. D., Assistant Clinical Professor, Georgetown University School of Medicine, Washington, D. C.

Dr. William B. Sanders Dinner Speaker

Dr. William B. Sanders, Assistant Secretary General, Organization of American States, will be the speaker at the dinner on Friday. His subject will be "The United States and Latin America—A Community of Nations."

Saturday Morning Program

The Saturday morning session will be devoted to medicine. The program is as follows:

"Hematology."—John H. Hodges, M. D., Professor of Medicine, Jefferson Medical College, Philadelphia.

"Embryological Explanation of Anomalies of the Bowel."—Robert J. Johnson, M. D., Professor and Head, Department of Anatomy, University of Pennsylvania Graduate School of Medicine, Philadelphia.

"Virology of the Respiratory Tract."—Morris A Mufson, M. D., Member, Virology Unit, National Institutes of Health, Bethesda, Maryland.

"Diverticulosis, Diverticulitis, and Constipation."—Charles M. Caravati, M. D., Professor of Clinical Medicine, Medical College of Virginia, Richmond.

"Little Things in Hyperthyroidism with Big Complications."—Thomas H. McGavack, M. D., Professorial Lecturer, George Washington University School of Medicine, Washington, D. C., and Associate Chief of Staff, VA Center, Martinsburg.

"The Neurological Examination—Clinical and Laboratory Aspects."—Thomas L. Auth, M. D., Associate Professor of Neurology, Georgetown University School of Medicine, Washington, D. C.

Afternoon Session

The following program on medicine will be presented on Saturday afternoon:

"Chronic Bronchitis."—Leslie N. Gay, M. D., Associate Professor of Medicine Emeritus, Johns Hopkins University School of Medicine, Baltimore.

"Recent Advances in Clinical Medicine."—John H. Hodges, M. D.

"Parkinsonism."—Lewis J. Doshay, M. D., Associate in Neurology, Columbia University College of Physicians and Surgeons, New York City.

"Pharmacological Application to Coronary Heart Disease."—John C. Krantz, Ph. D., Professor of Pharmacology, University of Maryland School of Medicine, Baltimore.

"Psychological Aspects of Medical Practice." Rex A. Pittenger, M. D., Associate Professor of Clinical Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh.

West Virginia Centennial Banquet

Under Secretary of the Army Stephen Ailes, Capt. Charles N. G. Hendrix, USN, and former Under Secretary of Commerce Bradley Nash, all natives of the Eastern Panhandle, will discuss "Our Present and Future" at the West Virginia Centennial Banquet on Saturday evening.

Physicians and their wives are invited to attend a dance that evening. Music will be furnished by Russ Lang's Orchestra of Washington.

Sunday Morning Session

The Sunday morning session will be devoted to pediatrics. The program is as follows:

"The Embryological Basis of Congenital Heart Disease."—Robert J. Johnson, M. D.

"Significance of Lipid Changes in Atherosclerosis." —Thomas H. McGavack, M. D.

"Fetal Salvage."—Earl H. Baxter, M. D., Professor and Chairman of the Department of Pediatrics, Ohio State University College of Medicine, Columbus, Ohio.

"Rheumatoid Arthritis in Infancy and Childhood."—Walter E. Bundy, M. D., Associate Professor of Pediatrics, Medical College of Virginia. Richmond.

"The Jaundiced Infant."—Doris A. Howell, M. D., Head and Professor, Department of Pediatrics, Woman's Medical College of Pennsylvania, Philadelphia.

"Effective Immunization of American Children."—Hans G. E. Keitel, M. D., Professor and Head of the Department of Pediatrics, Jefferson Medical College, Philadelphia.

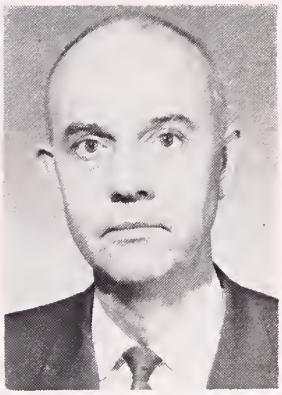
Address by Jim Comstock

Jim Comstock of Richwood, Editor of the *West Virginia Hillbilly,* will address the Sunday luncheon session. His subject will be "Just Call Me, Doc."

The Sunday afternoon session on obstetrics and gynecology is as follows:

"The Patient With Premature Rupture of the Membranes."—D. Frank Kaltreider, M. D., Professor of Obstetrics and Gynecology, University of Maryland School of Medicine, Baltimore.

Dr. William B. Sanders



Jim Comstock

"Vaginitis in the Adult Female."—Warren R. Lang, M. D., Professor of Obstetrics, Jefferson Medical College, Philadelphia.

"Intraepithelial Carcinoma of the Cervix and Pregnancy."—Joseph Parker, M. D., Associate Professor of Obstetrics, Medical College of Virginia, Richmond.

"Some Special Problems in the Management of Heart Disease and Pregnancy."—John Whitridge, M. D., Associate Professor of Obstetrics, Johns Hopkins University School of Medicine, Baltimore.

The registration fee is $25 for the entire three-day course and $10 for a single day. Further information may be obtained by writing to Halvard Wanger, M. D., Executive Director, Box 175, Shepherdstown, West Virginia.

Doctor Cunningham Honored By State Medical Assn.

The West Virginia State Medical Association paid tribute to Dr. James L. Cunningham of Pickens, its oldest living member, during the 96th Annual Meeting at The Greenbrier.

The following resolution was approved unanimously by the House of Delegates:

"Whereas, one of our senior members will on September 1, 1963, celebrate his one-hundredth natal anniversary, an event which overtakes very few men of medicine subject to the many stresses of serving the public health and welfare in a spirit of dedication and devotion, marked in this instance by six decades of active practice in his community of Pickens, West Virginia:

"Therefore, be it resolved by the House of Delegates of the West Virginia State Medical Association that our Executive Secretary be directed to transmit a formal copy of our felicitations to Dr. James L. Cunningham, together with our sincere hope for many pleasant and satisfactory golden years which may be included in his life span."

PG Course on Pulmonary Infections In Morgantown and Fairmont

A two-day postgraduate course on "Pulmonary Infections," sponsored by the West Virginia University School of Medicine, West Virginia Tuberculosis and Health Association and the West Virginia Thoracic Society, will be held in Morgantown and Fairmont, October 8-9.

Dr. Charles E. Andrews, Professor of Medicine at the WVU School of Medicine, will preside at the first scientific session at the WVU Medical Center in Morgantown on Tuesday, October 8.

Dr. Richard V. Lynch, Jr., of Clarksburg, president of the Thoracic Society, will preside at the second scientific session which will be held at the Fairmont Hotel in Fairmont on Wednesday, October 9, in conjunction with the 43rd annual meeting of the TB and Health Association and Thoracic Society.

The scientific program for the morning session in Morgantown on October 8 will be as follows:

"Laboratory Aids in the Diagnosis of Pulmonary Infections."—Dr. Robert G. Burrell, Assistant Professor of Microbiology, WVU School of Medicine.

"Complications of Antibiotic Therapy."—Wendell H. Hall, M. D., Professor of Medicine, University of Minnesota School of Medicine.

"Viral Pneumonias—Diagnosis and Management."—H. William Harris, M. D., Professor and Chairman, Department of Internal Medicine, Woman's Medical College of Pennsylvania.

"Problem Case Presentations."—Drs. Burrell, Hall, Harris and Richard A. Currie, Assistant Professor of Surgery, and Victor M. Napoli, Assistant Professor of Pathology, WVU School of Medicine.

Doctor Currie will serve as moderator for the afternoon session. The speakers and their subjects will be as follows:

"Recent Advances in the Diagnosis and Management of Fungus Infections of the Lung."—Ernest W. Chick, M. D., Associate Professor of Medicine and Chief of the Section on Community Medicine, WVU School of Medicine.

"Pulmonary Nodules and Histoplasmosis."—Wendell H. Hall, M. D.

"The Role of Surgery in the Management of Pulmonary Infections."—Richard A. Currie, M. D.

"Trends in the Management of Pulmonary Tuberculosis."—H. William Harris, M. D.

The two-day postgraduate course will conclude with a morning session in Fairmont on Wednesday, October 9. The speakers and their subjects are as follows:

"The Common Cold—Facts and Fancies."—Benjamin M. Stout, M. D., Instructor in Medicine, WVU School of Medicine.

"Influenza."—Wendell H. Hall, M. D.

"Chronic Bronchitis and the Respiratory Disease Program."—H. William Harris, M. D.

The registration fee is $10 for the course which has been submitted for five hours of Category II Credit by the American Academy of General Practice. Further information may be obtained by writing Doctor Andrews at the WVU Medical Center in Morgantown.

Charles E. Andrews, M. D.

Richard A. Currie, M. D.

W. Va. TB and Health Assn. Meeting In Fairmont, October 9-10

The 43rd Annual Meeting of the West Virginia Tuberculosis and Health Association and the West Virginia Thoracic Society will be held at the Fairmont Hotel in Fairmont, October 9-10.

A two-day postgraduate course on "Pulmonary Infections" will be held in conjunction with the meeting. The first session will be held at the West Virginia University Medical Center in Morgantown on Wednesday, October 8, and the second at the Fairmont Hotel in Fairmont on October 9.

The postgraduate course is sponsored by the TB and Health Association and Thoracic Society and the West Virginia University School of Medicine. Dr. Richard V. Lynch, Jr., of Clarksburg, president of the Thoracic Society, will preside at the second scientific session on Wednesday in Fairmont.

The TB and Health Association's annual business luncheon will be held on Wednesday afternoon at the Fairmont Hotel with Mr. E. R. Phelps of Bluefield, the vice president, presiding. Dr. William L. Cooke of Charleston, who recently was named president elect of the National Tuberculosis Association, will be an honor guest.

The speakers for the afternoon scientific session on "Smoking and Air Pollution" and their subjects are as follows:

"Air Pollution and Health."—Benjamin H. Stout, M. D., Instructor in Medicine, WVU School of Medicine.

"Air Pollution—Causes and Control."—Benjamin Linsky, P. E., Professor of Sanitary Engineering, West Virginia University.

"Smoking and the Cardiovascular System."—A. C. Edmundowicz, M. D., Assistant Professor of Medicine, WVU School of Medicine.

"Smoking and the Lungs."—Charles E. Andrews, M. D., Professor of Medicine, WVU School of Medicine.

Dr. Ernest W. Chick, recently appointed Associate Professor of Medicine and Chief of the Section on Community Medicine at the West Virginia University School of Medicine, will be the guest speaker at the banquet on Wednesday evening. His subject will be "Tuberculosis and Fungus Diseases."

Dr. R. R. Brown of Romney Wins Medical Golf Tournament

Dr. R. R. Brown of Romney won the medical golf tournament held in connection with the 96th Annual Meeting of the State Medical Association at The Greenbrier in White Sulphur Springs, August 22-24.

Doctor Brown shot a 73 to win his first title and a leg on the beautiful trophy offered by the Hospital and Physicians Supply Company of Charleston.

Dr. Joseph T. Mallamo of Fairmont, the defending champion and winner of six titles in the last eight years, finished one stroke off the pace with a 74.

Other low gross scorers were Drs. Kenneth E. Owen of Marietta, Ohio, 75; R. A. Crawford of Charleston, 76; William C. Morgan, Jr., of Charleston, 79; Jack Leckie of Huntington, 82; and George A. Curry of Morgantown, 83.

Drs. L. Dale Simmons and Sobisca S. Hall, both of Clarksburg, and G. E. Huston of Marietta, Ohio, tied for low net honors. Other winners in this category were Drs. Henry M. Hills, Jr., of Charleston, Seigle W. Parks of Fairmont, John J. Mahood of Bluefield, and Milton J. Lilly, Jr., of Charleston.

Winners in the various categories of the tournament received useful golfing equipment purchased from funds realized from a $5 registration fee. Prizes were awarded at the reception honoring officers of the State Medical Association on Saturday evening, August 24.

Dr. Joseph A. Smith of Dunbar served as chairman of the golf committee.

Swedish Physician Joins Faculty For Centennial Symposium

Dr. Viking O. Bjork, Professor of Thoracic and Cardiovascular Surgery at the University Hospital in Uppsala, Sweden, has joined the guest faculty for the West Virginia Centennial Symposium on Cardiac Disease which will be held at the West Virginia University Medical Center in Morgantown, October 17-19.

Doctor Bjork will present a paper on "Surgical Treatment of Aortic Valve Disease" during the Friday morning scientific session which will be devoted to "Rheumatic Fever and Rheumatic Heart Disease." He also will appear in panel discussions on each of the three days of the Symposium.

Dr. Russell V. Lucas, Jr., chairman of the program committee, also announced that Dr. C. W. Lillehei, Professor of Surgery at the University of Minnesota School of Medicine, would present a paper on "Surgical Treatment of Mitral Valve Disease" on Friday morning.

Hotel accommodations have been reserved for physicians attending the Symposium which falls on Homecoming Weekend at the University. Tickets also are available for the WVU-Pitt football game on Saturday afternoon.

The registration fee is $20 for the three-day program and it has been submitted for Category I Credit by the American Academy of General Practice. Further information may be obtained by contacting Doctor Lucas at the WVU Medical Center in Morgantown.

Dr. Richard V. Lynch, Jr., Heads W. Va. Diabetes Association

Dr. Richard V. Lynch, Jr., of Clarksburg, was installed as president of the West Virginia Diabetes Association at its annual meeting at the Holiday Inn in Charleston on September 7. He succeeds Dr. Thomas H. McGavack of Martinsburg.

Richard V. Lynch, Jr., M. D.

Dr. Lyle D. Vincent of Parkersburg was named president elect at the session which drew the largest number of physicians in the organization's history.

Dr. J. Keith Pickens of Clarksburg was elected vice president and Dr. Leo H. T. Bernstein of Martinsburg was reelected secretary-treasurer.

Papers were presented at the scientific session by Dr. Robert A. Hines, Chief of Medical Services, VA Center, Martinsburg; Dr. Paul C. Davidson, Resident at the West Virginia University Hospital, Morgantown; and Dr. Rafael A. Camerini, Research Associate, Baker Clinic Research Laboratory, New England Deaconess Hospital, Boston.

American Heart Association Meeting In Los Angeles, Oct. 25-28

Six clinical sessions of primary interest to the practicing physician will be held concurrently with regular scientific sessions and programs covering a broad range of cardiovascular research at the 36th Annual Scientific Sessions of the American Heart Association at the Biltmore Hotel in Los Angeles, October 25-27.

Each clinical session will include the presentation of original clinical investigative work as well as panels, symposia and lectures.

The annual meeting of the Association's Council on Arteriosclerosis will also be held at the Biltmore Hotel in Los Angeles, October 23-24.

Registration and hotel reservation forms may be obtained by writing the West Virginia Heart Association, 759 West Washington Street, Charleston, West Virginia.

ACCP Awards

The American College of Chest Physicians will offer three cash awards for the best essay prepared by undergraduate medical students on any phase of diagnosis and treatment of chest diseases. First prize in the 1964 essay contest will be $500. The runner up will receive $300 and third place, $200.

Application forms and additional information may be obtained by writing the ACCP, 112 East Chestnut Street, Chicago, Illinois.

Standing and Special Committees Named By Doctor Goodhand

Dr. Charles L. Goodhand of Parkersburg, President of the West Virginia State Medical Association, has named the standing and special committees which will function during his term of office.

The complete list of committees follows:

STANDING COMMITTEES

Aging

E. Lyle Gage, Bluefield, Chairman; Thomas H. Blake, St. Albans; Myer Bogarad, Weirton; Ray E. Burger, Welch; John W. Coplin, Elizabeth; Ross P. Daniel, Beckley; John H. Gile, Parkersburg; Sam Milchin, Bluefield, Virginia; and James G. Ralston, Clarksburg.

Budget and Personnel

John W. Hash, Charleston (1964); D. E. Greeneltch, Wheeling (1965); and L. J. Pace, Princeton (1966).

Cancer

F. Lloyd Blair, Parkersburg, Chairman; Rex Dauphin, Parkersburg; N. W. Fugo, Morgantown; Walter H. Gerwig, Jr., Clarksburg; Charles D. Hershey, Wheeling; Hu C. Myers, Philippi; W. Hampton St. Clair, Bluefield; Russell A. Salton, Williamson; Charles W. Thacker, Parkersburg; Gordon L. Todd, Jr., Princeton; and Chauncey D. Wright, Huntington.

Conservation of Vision and Hearing

Edward Shupala, Parkersburg, Chairman; John B. Haley, Charleston; William K. Marple, Huntington; W. W. McKinney, Beckley; Ralph W. Ryan, Morgantown; James T. Spencer, Charleston; Charles F. Whitaker, Jr., Parkersburg; and Fred D. White, Bluefield.

Constitution and By-Laws

Hu C. Myers, Philippi, Chairman; Daniel N. Barber, Charleston; A. C. Chandler, Charleston; Sobisca S. Hall, Clarksburg; John J. Mahood, Bluefield; Buford W. McNeer, Hinton; James E. Spargo and Howard G. Weiler, Wheeling; and A. C. Woofter, Parkersburg.

Insurance

Charles A. Hoffman, Huntington, Chairman; W. P. Bittinger, Summerlee; John E. Echols, Richwood; E. Lyle Gage, Bluefield; Fay P. Greene, Jr., Parkersburg; Upshur Higginbotham, Bluefield; Charles L. Leonard, Elkins; Athey R. Lutz, Parkersburg; Joe E. McCary, Princeton; Eldon B. Tucker, Morgantown; John L. Van Metre, Charles Town; and Lynwood D. Zinn, Clarksburg.

Legislative

Frank J. Holroyd, Princeton, Chairman; Don S. Benson, Moundsville; John T. Chambers, Charleston; Richard W. Corbitt, Parkersburg; George A. Curry, Morgantown; Joseph L. Curry, Wheeling; Richard E. Flood, Weirton; S. William Goff, Parkersburg; D. E. Greeneltch, Wheeling; N. B. Groves, Martinsburg; John W. Hash, Charleston; Logan W. Hovis, Parkersburg; J. C. Huffman, Buckhannon; Frank V. Langfitt, Clarksburg; Charles W. Merritt, Beckley; David W. Mullins, Logan; Thomas G. Reed, William B. Rossman and Page H. Seekford, Charleston; A. J. Villani, Welch; Stephen D. Ward, Wheeling; Henry F. Warden, Jr., Bluefield; and Ward Wylie, Mullens.

Maternal Welfare

Frederick H. Dobbs, Charleston, Chairman; Clarence H. Boso, Huntington; John T. Chambers, Charleston; Paul H. Cope, Wheeling; N. W. Fugo, Morgantown; George Gevas, Parkersburg; C. S. Harrison, Clarksburg; William S. Herold, Charleston; Robert W. Leibold, Wheeling; E. W. McCauley, Bluefield; Charles W. Merritt, Beckley; Gilbert A. Ratcliff, Huntington; and A. J. Villani, Welch.

Committee on Medical Aspects of Sports

Richard W. Corbitt, Parkersburg, Chairman; R. L. Chamberlain, Buckhannon; George F. Fordham, Mullens; Robert S. Gatherum, Bluefield; William E. Gilmore, Parkersburg; Henry R. Glass, Jr., Charleston; J. W. Hesen, Jr., Morgantown; Gregory B. Krivchenia, Wheeling; George Naymick, Weirton; W. H. Rardin, Beckley; George W. Rose, Clarksburg; and Harlan A. Stiles, Huntington.

Medical Economics

George R. Callender, Jr., Charleston, Chairman; Charles H. Barnett, Parkersburg; A. B. Curry Ellison, Charleston; D. E. Greeneltch, Wheeling; Carl B. Hall, Charleston; Grover C. Hedrick, Jr., Beckley; Henry M. Hills, Jr., Charleston; Thomas P. Long, Man; Richard V. Lynch, Jr., Clarksburg; Kenneth G. MacDonald, Charleston; George E. McCarty, Parkersburg; Seigle W. Parks, Fairmont; J. C. Pickett, Morgantown; W. Fred Richmond, Beckley; Charles M. Scott, Bluefield; Harry S. Weeks, Jr., Wheeling; Ray H. Wharton, Parkersburg; and J. D. H. Wilson, Clarksburg.

Medical Education, Hospitals and Scholarships

J. P. McMullen, Wellsburg, Chairman; Martha J. Coyner, Harrisville; Carl B. Hall, Charleston; Richard Hamilton, St. Marys; Russel Kessel, Charleston; Richard V. Lynch, Jr., Clarksburg; John M. Moore, Wheeling; Edwin M. Shepherd, Charleston; Clark K. Sleeth, Morgantown; William A. Thornhill, Jr., and Pat A. Tuckwiller, Charleston; and M. B. Williams, Wheeling.

Medical Emergencies and Civil Defense

John J. Mahood, Bluefield, Chairman; Harold D. Almond, Buckhannon; Norman Bsharah, Poca; W. Alva Deardorff, George L. Grubb and John A. B. Holt, Charleston; Eugene E. Hutton, Jr., Elkins; Semon M. Lilienfeld, Parsons; E. Leon Linger, Clarksburg; Charles T. Lively, Weston; George Miyakawa, Charleston; Ralph W. Ryan, Morgantown; M. D. Reiter, Wheeling; Harlan A. Stiles, Huntington; Glenn F. Van Winkle, Charleston; and David M. Wayne, Bluefield.

Committee on Medicine and Religion

Tracy N. Spencer, South Charleston, Chairman; John C. Bryce and Dwight P. Cruikshank, Parkersburg; Frederick H. Dobbs, Charleston; Vernon L. Dyer, Petersburg; and William E. Gilmore, Parkersburg.

Medico-Legal

George F. Evans, Clarksburg, Chairman; Ross P. Daniel, Beckley; J. C. Huffman, Buckhannon; Hu C. Myers, Philippi; J. Keith Pickens, Clarksburg; Thomas G. Reed and Paul H. Revercomb, Charleston; B. B. Richmond, Beckley; A. R. Sidell, Williamstown; and E. Andrew Zepp, Martinsburg.

Mental Health

William B. Rossman, Charleston, Chairman; Mildred Mitchell-Bateman, Charleston; Randall Connolly, Vienna; Thomas J. Holbrook, Huntington; W. Parke Johnson, Masontown; Thomas S. Knapp, Charleston; S. Elizabeth McFetridge, Shepherdstown; John L. Rittmeyer, Philippi; A. L. Wanner and Stephen D. Ward, Wheeling; David M. Wayne, Bluefield; William E. Wilkinson, Beckley; and A. C. Woofter, Parkersburg.

Military Medical Affairs

Russel Kessel, Charleston, Chairman; Bert Bradford, Charleston; S. S. Bobes, Wheeling; Jess P. Champion, Princeton; Walter H. Gerwig, Jr., Clarksburg; L. Rush Lambert, Fairmont; Paul L. McCuskey, Parkersburg; Charles M. Scott, Bluefield; Jack J. Stark, Belpre, Ohio; and Ward Wylie, Mullens.

Necrology

Andrew J. Weaver, Clarksburg, Chairman; and P. R. Fox, Bluefield.

Program Committee

William E. Gilmore, Parkersburg, Chairman; Robert D. Crooks, Parkersburg; George F. Evans, Clarksburg; Richard E. Flood, Weirton; Seigle W. Parks, Fairmont; and Clark K. Sleeth, Morgantown.

Public Service Committee

Joseph L. Curry, Wheeling, Chairman; Robert M. Biddle, Parkersburg; William L. Cooke, Charleston; C. R. Davisson, Weston; G. Thomas Evans, Fairmont; S. William Goff, Parkersburg; Carl E. Johnson, Morgantown; E. Lee Jones, Wheeling; Jack Leckie, Huntington; John J. Mahood, Bluefield; Kenneth G. MacDonald, Charleston; Everett H. Starcher, Logan; Jack J. Stark, Belpre, Ohio; Stephen D. Ward, Wheeling; and Charles F. Whitaker, Jr., Parkersburg.

Resolutions

J. C. Huffman, Buckhannon, Chairman; C. R. Davisson, Weston; G. Thomas Evans, Fairmont; Richard Hamilton, St. Marys; Maynard P. Pride, Morgantown; I. Ewen Taylor, Huntington; and Pat A. Tuckwiller, Charleston.

Rehabilitation

J. C. Pickett, Morgantown, Chairman; C. B. Buffington, Wheeling; James A. Heckman, Huntington; Harold H. Kuhn, Charleston; Thomas H. McGavack, Martinsburg; Buford W. McNeer, Hinton; and Harold W. Ulch, Parkersburg.

Rural Health

Earl L. Fisher, Gassaway, Chairman; Andrew E. Amick, Lewisburg; J. C. Arnett, Rowlesburg; B. S. Brake, Clarksburg; Richard W. Brown, Spencer; Martha Jane Coyner, Harrisville; Vernon L. Dyer, Petersburg; O. M. Harper, Clendenin; J. C. Huffman, Buckhannon; Guy R. Post, Fairmont; A. R. Sidell, Williamstown; Clark K. Sleeth, Morgantown; Charles E. Staats, Charleston; and A. C. Thompson, Elkins.

Syphilis

N. H. Dyer, Charleston, Chairman; Ross O. Bell, Jr., and Paul V. Graham, Wheeling; Paul L. McCuskey, Parkersburg; C. Y. Moser, Kingwood; A. L. Osterman, Wheeling; Frank M. Peck, Huntington; Thomas L. Thomas, Wheeling; and Lyle D. Vincent, Parkersburg.

Tuberculosis

William L. Cooke, Charleston, Chairman; Charles E. Andrews, Morgantown; Delmer J. Brown and Oliver H. Brundage, Parkersburg; J. Russell Cook, Huntington; N. Allen Dyer, Bluefield; George F. Evans, Clarksburg; Ralph H. Nestmann and James H. Walker, Charleston; Paul P. Warden, Grafton; and M. L. White, Jr., Huntington.

SPECIAL COMMITTEES

AMA-ERF

Buford W. McNeer, Hinton, Chairman; Kenneth J. Allen, Moundsville; William E. Bray, Jr., Huntington; C. Leonard Brown, Pt. Pleasant; Dante Castrodale, Welch; Harry F. Cooper, Beckley; John E. Echols, Richwood; Robert J. Fleming, Morgantown; Weldon Harloe, Princeton; I. M. Kruger, Logan; Karl J. Myers, Philippi; Earl S. Phillips, Wheeling; J. Keith Pickens, Clarksburg; C. D. Pruett, Bluefield; and Jack D. Woodrum, Hinton.

Medical-Dental Liaison

Ray M. Bobbitt, Huntington, Chairman; Don S. Benson, Moundsville; A. Morgan Dearman, Parkersburg; Edgar F. Heiskell, Jr., Morgantown; Clyde Litton and Newman H. Newhouse, Charleston; and Robert S. Robbins, Wheeling.

Medico-Pharmaceutical Relations

L. Dale Simmons, Clarksburg, Chairman; Andrew E. Amick, Lewisburg; Harold B. Ashworth, Moundsville; R. C. Cowan, Jr., Parkersburg; Joseph Gilman, Clarksburg; and John I. Markell, Princeton.

Nurses Liaison

W. Fred Richmond, Beckley, Chairman; Vernon L. Dyer, Petersburg; William C. D. McCuskey, Wheeling; Watson F. Rogers, Vienna; William A. Thornhill, Jr., Charleston; Gordon L. Todd, Princeton; Edward J. Van Liere, Morgantown; and A. J. Villani, Welch.

School Health

Leo H. Mynes, Charleston, Chairman; William M. Bruch, Bluefield; Donald M. Burke, Elkins; Thomas G. Folsom, Huntington; Emma Jane Freeman, Charleston; Ralph E. Haynes, Bluefield; Grover C. Hedrick, Jr., Beckley; A. M. Jones, Parkersburg; Warren D. Leslie, Wheeling; Meryleen B. Smith, Peterstown; and Lyle D. Vincent, Parkersburg.

WVU Liaison

Thomas L. Harris, Parkersburg, Chairman; George F. Evans, Clarksburg; John A. B. Holt, Charleston; J. C. Huffman, Buckhannon; T. Kerr Laird, Montgomery; J. P. McMullen, Wellsburg; Maynard P. Pride, Morgantown; Wade H. St. Clair, Bluefield; and Joseph A. Smith, Dunbar.

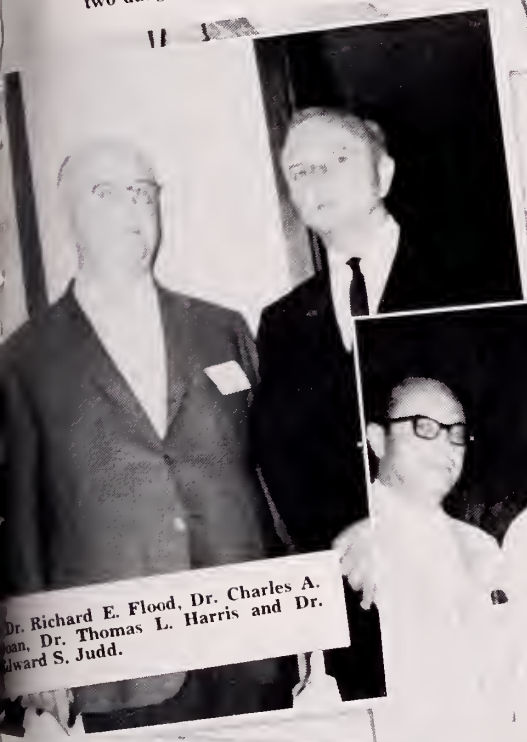
Dr. and Mrs. Pat A. Tuckwiller, Dr. and Mrs. H. T. Pease, Mrs. C. Rodney Stoltz, Dr. James S. Klumpp, Mrs. David M. Cox, Dr. C. Rodney Stoltz, Dr. David M. Cox, Mrs. D. E. Greeneltch, Dr. and Mrs. M. McKendree Boyer, and Dr. D. E. Greeneltch.

Dr. and Mrs. Joseph A. Smith, Dr. and Mrs. Carl B. Hall, and Dr. and Mrs. Paul C. Soulsby.

Mrs. Betty Bowie, Dr. and Mrs. Charles L. Goodhand and daughter, Carolyn Bryan Goodhand.

Dr. and Mrs. Albert C. Esposito, son, two daughters and friend.

Dr. and Mrs. L. J. Pace



Dr. Richard E. Flood, Dr. Charles A. [illegible]an, Dr. Thomas L. Harris and Dr. [illegible]dward S. Judd.

Drs. Thomas S. Knapp, Stephen D. Ward, W. D. Leslie, Alvin B. Hayles, Albert C. Esposito, Edward M. Litin and W. Gene Klingberg.

Dr. and Mrs. Vernon L. Dyer and family.

CAMERA HIGHLIGHTS

96th Annual Meeting

WEST VIRGINIA STATE MEDICAL ASSOCIATION

The Greenbrier

Aug. 22-24, 1963

Mrs. Pat A. Tuckwiller of Charleston New Auxiliary President

Mrs. Pat A. Tuckwiller of Charleston was installed as President of the Woman's Auxiliary to the West Virginia State Medical Association during the 39th Annual Meeting at The Greenbrier in White Sulphur Springs, August 22-24. She succeeds Mrs. Howard G. Weiler of Wheeling.

Nearly 150 wives of physicians were registered during the three-day meeting which was held concurrently

Mrs. Pat A. Tuckwiller

with the 96th Annual Meeting of the West Virginia State Medical Association.

Mrs. Tuckwiller and the other new officers were installed at the second general session on Friday morning, August 24, by Mrs. C. Rodney Stoltz of Watertown, South Dakota, president of the Woman's Auxiliary to the American Medical Association. Mrs. Stoltz delivered the keynote address at the opening session on Thursday morning.

Inaugural Address

Mrs. Tuckwiller, in her inaugural address on Friday morning, reviewed the history of the Woman's Auxiliary on the National, State and County levels from its informal beginning in 1907 in Oklahoma to the present.

She said that when Mrs. S. C. Red, wife of a Texas doctor, asked the House of Delegates of the AMA to grant its permission for the formation of an Auxiliary, she was asking for coordination of organizations already in existence.

"Twenty-two women from 11 states attended the organizational meeting and Mrs. Red was named our first national president. From that meeting came this statement: 'The object of this Auxiliary shall be to extend the aims of the medical profession through the wives of doctors to the various women's organizations, which look to the advancement in health and education; also to assist in entertainment at all medical conventions and to promote acquaintanceship among doctors' families that closer professional fellowship may exist.' Today, the intent of our Auxiliary is the same but the scope has greatly increased."

Auxiliary members joined their husbands and families in Governor's Hall for the Association's opening exercises on Thursday morning. The first speaker was Dr. Paul A. Miller, President of West Virginia University.

Mrs. George A. Curry of Morgantown was named president elect and will be installed as president during the 1964 meeting at The Greenbrier next August. Other new officers for the coming year are as follows:

First vice president, Mrs. Lysle T. Veach of Petersburg; second vice president, Mrs. Charles S. Harrison, Clarksburg; third vice president, Mrs. Joe N. Jarrett, Oak Hill; fourth vice president, Mrs. Wilson P. Smith, Huntington; treasurer, Mrs. Grover C. Hedrick, Jr., Beckley; recording secretary, Mrs. Robert J. Tchou, Williamson; corresponding secretary, Mrs. James T. Spencer, Charleston; and parliamentarian, Mrs. John W. Hash, Charleston.

Mrs. Tuckwiller has named the following chairmen of committees to serve during her term of office:

Standing Committees

Archives and History, Mrs. J. Dennis Kugel, Charleston; Finance, Mrs. Harry E. Beard, Huntington; Legislation, Mrs. L. Dale Simmons, Clarksburg; Community Services, Mrs. E. M. Clubb, Jr., Weirton; Membership, Mrs. George A. Curry, Morgantown; Press and Publicity, Mrs. Rupert W. Powell, Fairmont; Editor, State News Bulletin, Mrs. Ralph H. Nestmann, Charleston; Circulation Manager, News Bulletin, Mrs. Newman H. Newhouse, Charleston; Program, Mrs. William R. Rice, Dunbar; By-Laws and Handbook, Mrs. William A. Thornhill, Jr., Charleston; Southern Medical Councilor, Mrs. Vernon L. Dyer, Petersburg; National Bulletin, Mrs. Ray M. Kessel, Logan; Members-at-Large, Mrs. Charles L. Leonard, Elkins; American Medical Association Educational and Research Foundation, Mrs. A. J. Villani, Welch.

Special Committees

Convention, Mrs. J. A. B. Holt and Mrs. A. B. Curry Ellison, Charleston, co-chairmen; Necrology, Mrs. W. V. Wilkerson, Whitesville; Health Careers, Mrs. J. C. Huffman, Buckhannon; Safety and Civil Defense, Mrs. Herbert N. Shanes, Grafton; Mental Health, Mrs. A. C. Chandler, Charleston; Nutrition, Mrs. R. C. Cowan, Jr., Vienna; Rural Health, Mrs. Lynwood D. Zinn, Clarksburg; and Liaison to Woman's Auxiliary, Student American Medical Association, Mrs. Clark K. Sleeth, Morgantown.

Executive Board

Two past presidents of the Auxiliary, Mrs. Vernon L. Dyer of Petersburg and Mrs. Howard G. Weiler

of Wheeling, have been appointed by Mrs. Tuckwiller to serve as members of the Executive Board.

Advisory Board

Dr. Charles L. Goodland of Parkersburg, President of the West Virginia State Medical Association, has named the following Advisory Board to the Woman's Auxiliary:

Dr. William B. Rossman, Charleston, chairman; Dr. J. C. Huffman, Buckhannon; Dr. Clark K. Sleeth, Morgantown; Dr. Howard G. Weiler, Wheeling; and Dr. Pat A. Tuckwiller, Charleston.

New President Native of Ohio

Mrs. Pat A. Tuckwiller, the new president, is a native of Portsmouth, Ohio, and was graduated from the Western College for Women in Oxford, Ohio.

Dr. and Mrs. Tuckwiller have two sons. David is a student at West Virginia University and Ross attends high school in Charleston.

Mrs. Tuckwiller has been a member of the Woman's Auxiliary to the Kanawha Medical Society since 1936. She is a past president of the county organization and was named president elect of the State Auxiliary in 1962.

Post-Convention Conference

Mrs. Tuckwiller presided at the post-convention conference and meeting of the Executive Board on Saturday morning, August 24, at which time plans for the coming year were discussed.

Entertainment Program

A large crowd, composed of members and guests, attended a luncheon and fashion show which was held in the Crystal Dining Room on Thursday. The new fall fashions were shown by Alanson's of The Greenbrier.

A capacity crowd also attended the Cabaret Dance which was held in Chesapeake Hall on Friday evening.

Mrs. Howard G. Weiler of Wheeling, the immediate past president of the Woman's Auxiliary to the West Virginia Medical Association, is shown presenting the gavel to the new president, Mrs. Pat A. Tuckwiller of Charleston.

Program Committees

Mrs. W. E. Ackermann and Mrs. Chesterfield J. Holley of Wheeling served as convention co-chairmen. Mrs. Tuckwiller appointed Mrs. J. A. B. Holt and Mrs. A. B. Curry Ellison of Charleston as co-chairmen of the 1964 convention.

Mrs. Gilmore Golf Winner

Mrs. William E. Gilmore of Parkersburg won the annual golf tournament. Her closest rivals for low gross honors were Mrs. C. G. Polan of Huntington and Mrs. W. E. Ackermann of Wheeling. Mrs. W. E. McNamara of Wheeling had the low net score. Mrs. Charles S. Harrison of Clarksburg, Mrs. Howard G. Weiler of Wheeling, and Mrs. Charles M. Scott of Bluefield, tied for second.

Newly elected officers of the Woman's Auxiliary to the State Medical Association include, left to right, Mrs. Joe N. Jarrett of Oak Hill, third vice president; Mrs. James T. Spencer, Charleston, corresponding secretary; Mrs. John W. Hash, Charleston, Parliamentarian; Mrs. Pat A. Tuckwiller, Charleston, president; and Mrs. George A. Curry, Morgantown, president elect.

Sections and Affiliated Societies Elect Officers for 1963-64

Meetings of sections and affiliated societies and associations of the West Virginia State Medical Association were held during the 96th Annual Meeting at The Greenbrier, August 22-24.

All of the guest speakers on the general scientific program participated actively in the afternoon meetings. The meetings were well attended, especially those for which a scientific program had been arranged.

Sections

The following is a list of officers of sections, societies and affiliated associations who will serve during the coming year:

Orthopedic Surgery: J. Hunter Smith, Welch, President; Robert S. Wilson, Clarksburg, Vice President; and Carl J. Roncaglione, Charleston, Secretary-Treasurer.

W. Va. Radiological Society: Harold I. Amory, Morgantown, President; Joseph L. Curry, Wheeling, Vice President; and Karl J. Myers, Philippi, Secretary-Treasurer.

W. Va. Association of Pathologists: Grover B. Swoyer, Charleston, President; W. A. Laqueur, Beckley, Vice President; and David F. Bell, Jr., Bluefield, Secretary-Treasurer.

W. Va. Academy of Oph. and Otol.: James T. Spencer, Charleston, President; R. Alan Fawcett, Wheeling, President Elect; Ralph W. Ryan, Morgantown, Vice President; and Worthy W. McKinney, Beckley, Secretary-Treasurer.

Neurology, Neurosurgery and Psychiatry: C. G. Polan, Huntington, President; Carrel M. Caudill, Charleston, President Elect; Mildred Mitchell-Bateman, Charleston, Secretary-Treasurer.

Surgery: F. Lloyd Blair, Parkersburg, President.

Internal Medicine: Ralph H. Nestmann, Charleston, President; and Arnold J. Brody, White Sulphur Springs, Secretary-Treasurer.

Urology: Donald R. Gilbert, Charleston, President; David W. Palmer, Wheeling, Vice President; and Harold N. Kagan, Huntington, Secretary-Treasurer.

W. Va. Pediatric Society: W. D. Leslie, Wheeling, President; Russell V. Lucas, Jr., Morgantown, Vice President; and Emma Jane Freeman, Charleston, Secretary-Treasurer.

Industrial Medicine and Public Health: George F. Fordham, Jr., Mullens, President; and Virgil J. Dorset, Charleston, Secretary-Treasurer.

Societies

W. Va. State Society of Allergy: Charles L. Leonard, Elkins, President; Myer Bogarad, Weirton, Vice President; and Merle S. Scherr, Charleston, Secretary-Treasurer.

W. Va. Society of Anesthesiologists: W. H. Rardin, Beckley, President; Newman H. Newhouse, Charleston, Vice President; and Jerill D. Cavender, Charleston, Secretary-Treasurer.

W. Va. Ob. and Gyn. Society: Frederick H. Dobbs, Charleston, President; Warren D. Elliott, Beckley, Vice President; and A. J. Villani, Welch, Secretary-Treasurer.

Ohio Valley Sanitation Commission Receives Achievement Award

State Director of Health N. H. Dyer recently called attention to the fifteenth anniversary of the Ohio River Valley Water Sanitation Commission (ORSANCO) and its designation as the "Outstanding Civil Engineering Achievement" award recipient from the American Society of Civil Engineers.

Writing in the Department's weekly "State of the State's Health," he commented that the communities and industries honored "take pride not simply in an award, but in our accomplishments—the prevention of municipal and industrial pollution, the setting of water quality standards, the monitoring of the river itself."

Fall Conference

The annual Fall Conference and Director's Board Meeting of the Woman's Auxiliary to the West Virginia State Medical Association will be held at Blackwater Falls State Park in Tucker County, October 15-16. All directors and presidents of county auxiliaries are invited and urged to attend.

In 1948, only 1 per cent of the population served by this river had sewage-treatment facilities; today the great majority of sources of pollution to the Ohio River have been eliminated, and sewage treatment facilities are being constructed or planned by practically all of our state's municipalities which adjoin the river's main stem.

"We have demonstrated what can be done in other areas where our waters cry for attention. Local interest can bring the action which may result in another effort such as the Ohio River project, and gradually we will hope to see pollution disappear from all of our streams."

Safe Refuse Disposal Sought

In another issue of the "State of the State's Health," Doctor Dyer cited a recent survey conducted by the Department's Division of Sanitary Engineering which reveals that over 80 per cent of the state's population do not have an approved sanitary method of refuse disposal.

He noted that West Virginians produce over 2,233 tons of refuse daily which, if not handled through sanitary methods of storage, collection and disposal, provide food, harborage and breeding media for known vectors of disease. The sanitary landfill is today considered to be the most efficient, economical and sanitary method of refuse disposal and is adaptable for both large and small communities. Doctor Dyer called upon health personnel to encourage local governments to take the responsibility of providing refuse disposal which will protect the public health.

Dr. Seigle W. Parks of Fairmont, left, newly elected vice president of the West Virginia State Medical Association, is shown with Dr. L. J. Pace of Princeton, the immediate past president, during the 96th Annual Meeting at The Greenbrier.

Call Issued for Papers, Exhibits, Films for AMA Meeting

A call has been issued for papers, scientific exhibits and motion pictures for the 113th Annual Meeting of the American Medical Association in San Francisco, June 21-25, 1964.

Physicians desiring to present scientific papers before the Sections of the Scientific Assembly should communicate with the Secretary of the Appropriate Section well in advance of the deadline date of December 15, 1963. The Secretaries and their addresses are listed in *The Journal of The American Medical Association* in the last issue of every month.

Those who wish to apply for space in the Scientific Exhibit should request application forms from the Director, Scientific Exhibit, Department of Scientific Assembly, American Medical Association, 535 North Dearborn Street, Chicago 10, well in advance of the deadline of January 10, 1964.

Those who desire to present motion pictures should request application forms from the Director, Medical Motion Pictures and Television, Department of Scientific Assembly, American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois, prior to the deadline of January 10, 1964.

Blood Bank Meeting

The 16th annual meeting of the American Association of Blood Banks will be held at the Statler Hilton Hotel in Detroit, November 5-8. Dr. Merrill J. Wicks of Tacoma, Washington, the president, will preside at the two-day meeting.

The Association is an organization of community and hospital blood banks that collect, process and deliver more than half of the 5,500,000 units of blood used annually in the United States.

W. B. Saunders Company Awards Two $15,000 Writing Grants

The W. B. Saunders Company, medical and scientific publishers, recently awarded $15,000 writing fellowship grants to Dr. Herman Kalckar, Professor of Biochemistry at Harvard Medical School, and Dr. Paul B. Beeson, Ensign Professor of Medicine at the Yale University School of Medicine.

Originally, the Saunders Company announced that to mark its 75th anniversary it would give one award to provide for a year's leave of absence for an eminent investigator to think about, write about, and bring to print the results of his research. The winner was to be under no obligation to the donor.

Because of the large and enthusiastic response by distinguished medical scientists, and because of the number of outstanding applications received by the Selection Committee, the committee recommended to Saunders that two $15,000 grants be made.

Doctor Kalckar will be writing on "Biological Patterns of Cells in Developmental Defects and Disease States," and Doctor Beeson on "Associations of Specific Infections with Certain Disease States of Man."

Program Committee for 1964

Dr. William E. Gilmore of Parkersburg has been named by Dr. Charles L. Goodhand of Parkersburg, President of the State Medical Association, as chairman of the committee which will arrange the program for the 97th Annual Meeting at The Greenbrier in White Sulphur Springs, August 20-22, 1964.

The other members of the committee are Drs. Robert D. Crooks of Parkersburg, Seigle W. Parks of Fairmont, Clark K. Sleeth of Morgantown, Richard E. Flood of Weirton, and George F. Evans of Clarksburg.

PG Course on Clinical Pathology At the Cleveland Clinic

A postgraduate course on "Newer Concepts in Clinical Pathology" will be sponsored by the Cleveland Clinic Educational Foundation in Cleveland, October 30-31. The course will be co-sponsored by the Cleveland Society of Pathologists.

Members of the faculty, in addition to staff members, will be Dr. John H. Thompson of the Mayo Clinic, and Drs. William Sinclair, pathologist at Lutheran Hospital in Cleveland, and Thomas C. Sweeney, pathologist at Euclid-Glenville Hospital in Cleveland.

The fee is $30 and registration will be limited to 125. Further information may be obtained by writing Dr. Walter J. Zeiter, Director of Education, The Cleveland Clinic Educational Foundation, 2020 East 93rd Street, Cleveland 6, Ohio.

Dr. Otis G. King New President Of W. Va. Heart Association

Dr. Otis G. King of Bluefield was installed as president of the West Virginia Heart Association at the annual meeting held at the Holiday Inn in Charleston, September 5-6. He succeeds Dr. J. Keith Pickens of Clarksburg.

Otis G. King, M. D.

Other officers were elected as follows:

Dr. A. C. Thompson of Elkins, president elect; Dr. Albert D. Kistin of Beckley, vice president; Mrs. F. Taylor Easley of Bluefield, secretary; and Mrs. Mary Helen Thompson of Charleston, treasurer.

Nine new members were named to the Association's 70-member board of directors. They are as follows:

Luke Wilson of Weirton; Dr. George W. West, St. Marys; Jack Martin, Moundsville; Drs. Robert J. Reed, Jr., and R. U. Drinkard, both of Wheeling; Dr. William C. Revercomb, Jr., Charleston; and Drs. Margaret J. Albrink, A. C. Edmunowicz and David Z. Morgan of Morgantown.

Scholarships Awarded 10 Students By W. Va. Nurses Association

Ten student nurses recently received scholarships for the year 1963-64 through a program sponsored by the West Virginia Nurses Association. Announcement of the grants was made by Mr. H. P. Porter of Charleston, chairman of the West Virginia Professional Nursing Education Trust, and Miss Mary M. Lemons of Beckley, president of the sponsoring organization.

Five of the scholarships are new and five are renewed grants to students enrolled in state-accredited schools of nursing. New grants were awarded to the enrolling schools for the following students:

LeOra Jane Davis of Clarksburg, sophomore at West Virginia Wesleyan College; Sandra Jean Kacinec, Clarksburg, freshman at St. Mary's Hospital School of Nursing, Clarksburg; Lydia Lee Layman, Baxter, Marion County, freshman at Fairmont General Hospital School of Nursing; Patricia Gale Varney of Williamson, senior at Alderson-Broaddus College, Philippi; and Alice Vint, Franklin, freshman at Davis Memorial Hospital School of Nursing, Elkins.

Scholarship grants were renewed for Sharon Elizabeth Herbach at Davis Memorial Hospital, Elkins; Joyce Ann Kilmer, Kings Daughters Hospital, Martinsburg; Betty Jean McCloud and Katherine Adair Shreve, St. Mary's Hospital, Clarksburg; and Mary Wilodene Paugh, Alderson-Broaddus College, Phillippi.

Dr. A. C. Esposito to Moderate TV Program at SMA Meeting

The Section of Ophthalmology and Otolaryngology of the Southern Medical Association has completed its program for the 57th Annual Meeting which will be held in New Orleans, November 17-21.

New Television Process

A live television program will feature the first live ear surgery by a new television process and the Ophthalmological TV program will be on "Glaucoma and Surgery," with Dr. Albert C. Esposito of Huntington, Chairman Elect of the Section, as moderator. Doctor Esposito, president elect of the West Virginia State Medical Association, also is Southern Medical Councilor from West Virginia.

The Ophthalmological program will include a symposium on Anterior Chamber Surgery, Intraocular Foreign Bodies, Keratoplasty, Aphakic Glaucoma, Vertical Strabismus, Photocoagulation and Cardiac Arrest. The Otolaryngological program has Dr. Harold Schuknecht of Boston as its guest speaker and includes papers on Stapes tonsil, nasal and sinusitis surgery and laryngeal nerve paralysis, mastoiditis and laryngeal surgery.

Special Pullman from Huntington

Plans have been made for a special pullman car from Huntington to New Orleans for the meeting. Further information may be obtained by writing to Doctor Esposito at 1212 First National Bank Building, Huntington, West Virginia.

$50-Million Hershey Trust Allocated For New Medical School

A fund of $50,000,000 from charitable trusts established by the late Milton S. Hershey, founder of the Hershey Chocolate Corp., has been allocated for the construction and endowment of a medical school, hospital, and research center near Harrisburg, Pennsylvania.

It will be operated by the Pennsylvania State University as an integral part of the University's educational program.

Establishment of the medical school was authorized on August 23 when Lee F. Swope, president judge of the Orphan's Court of Dauphin County, signed the decree awarding $50,000,000 for the establishment and endowment of the new school.

It is anticipated that approximately $20,000,000 to $25,000,000 will be required to construct and equip a thoroughly modern and efficient medical school and teaching hospital with all the required components and facilities. It is also believed that income from the balance of the fund will be sufficient to endow and subsidize the medical school and provide scholarship grants and loans to worthy students.

It was noted that the decision to establish a medical school was based largely on the critical need for additional medical schools, and that twenty new medical schools are needed in this country by 1970 to maintain medical support at its present level.

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The tendency of the elderly to subsist on low-residue foods often is a prime cause of bowel sluggishness. Adequate fecal content is necessary to maintain normal colonic function, since intracolonic distention is nature's method of stimulating reflex peristalsis.

Metamucil, therefore, fulfills a basic function in the treatment of geriatric constipation. It both softens hard, dehydrated fecal concretions and adds smooth, nonirritant, easily compressible hydrophilic bulk.

Metamucil applies a physiologic principle to correct constipation naturally.

Average Adult Dose: One rounded teaspoonful of Metamucil powder (or one packet of Instant Mix Metamucil) in a glass of cool liquid. To Metamucil powder, a refined, purified and concentrated psyllium hydrophilic mucilloid, an equal amount of dextrose is added as a dispersing agent. Each dose of the powder furnishes a negligible amount of sodium and 14 calories. To the mucilloid in Instant Mix Metamucil citric acid, sodium bicarbonate and mild flavoring are added. Each dose of Instant Mix Metamucil furnishes 0.25 Gm. of sodium and 3 calories. Metamucil is available as Metamucil powder in containers of 4, 8 and 16 ounces and as flavored Instant Mix Metamucil in cartons of 16 and 30 single-dose packets.

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Research in the Service of Medicine

WVU Medical Center
—News—

Dr. Ernest W. Chick, formerly of Durham, North Carolina, has been appointed an Associate Professor of Medicine at the West Virginia University School of Medicine and Chairman of the newly activated Division of Public Health and Preventive Medicine.

Dean Clark K. Sleeth of the School of Medicine said that "the entire subject area of preventive medicine, and particularly the various aspects of community medicine, will receive increased emphasis in the curriculum of the school. The role of the physician in the maintenance of health in the community deserves more recognition by schools of medicine, without detracting in any way from its traditional role of a healer of the sick."

Ernest W. Chick, M. D.

Doctor Chick is a native of Lynchburg, Virginia, and received his M. D. degree in 1953 from the Duke University School of Medicine. He served an internship at the University of Kansas Medical Center and a residency in pathology at the Medical College of Georgia and Duke University School of Medicine.

Three Surgery Instructors Appointed

Drs. Paul E. Huffington, Jr., of Morgantown, Henry F. Mengoli of Plymouth, Massachusetts, and Catalino Barrera Mendoza, Jr., of Cavite, the Philippines, have been named instructors in the Department of Surgery at the WVU School of Medicine.

Doctor Huffington, an anesthesiologist, is a native of Maryland and received his M. D. degree from the University of Maryland School of Medicine. He served an internship at St. Luke's Hospital in Denver, Colorado, and his residency at the Parkland Memorial Hospital in Dallas, Texas, and the WVU Hospital.

Doctor Mengoli came to WVU from the Department of Pathology at the Bowman Gray School of Medicine in Winston-Salem, North Carolina, where he taught cell physiology. He received his Ph. D. degree from the Catholic University of America and his primary interest is cancer immunology.

Doctor Mendoza formerly served as chief resident in surgery at Grand Central Hospital, New York City, and received his M. D. degree in 1955 from the Manila Central University College of Medicine. He served as a member of the staff of Roswell Park Memorial Institute in Buffalo, New York, and his primary interests are cancer surgery and cancer chemotherapy.

• Compiled from material furnished by Howard Lewis, Administrative Assistant to the Vice President, West Virginia University Medical Center, Morgantown, West Virginia.

Five Other Faculty Additions

Dean Sleeth also announced the addition of five other persons, including a husband and wife team, to the School of Medicine faculty.

Dr. Robert J. Nottingham of Morgantown rejoined the faculty as an Assistant Professor of Pediatrics, specializing in allergy problems of children. He recently completed a residency in allergy and immunology at the University of Colorado Medical Center under a fellowship from the National Institutes of Health.

Doctor Nottingham, a native of Boyer, Pocahontas County, received his M.D. degree from the Washington University School of Medicine in St. Louis and served a residency in pediatrics at Children's Hospital in that city. He is a Fellow of the American Academy of Pediatrics and a Diplomate of the American Board of Pediatrics.

Dr. James B. Gilbert and his wife, Dr. Enid May Fischer Gilbert, come to the WVU staff from Austin, Texas. He received his M.D. degree from Jefferson Medical College in Philadelphia and joins the Department of Biochemistry as an Assistant Professor after serving on the staff of the University of Texas.

Dr. E. M. F. Gilbert is a native of Sydney, Australia, and will be a Clinical Assistant Professor of Pathology. She was Director of the Tumor Clinic at Children's Hospital in Washington, D. C., before joining her husband in Austin where she served as associate pathologist at Brackenridge Hospital.

Dr. Stancil E. D. Johnson, a native of Guthrie, Oklahoma, joins the Department of Psychiatry staff as an Instructor. He received his M. D. degree in 1959 from the University of Arkansas School of Medicine. He recently completed a residency in psychiatry at the Mental Health Institute in Cherokee, Iowa.

Dr. Royce L. Montgomery, a native of Montgomery, West Virginia, has been elevated to Instructor in the Department of Gross and Neuro-Anatomy. He received his Ph.D. degree from West Virginia University and has been a teaching fellow in the School of Medicine for the past two years.

In Sprains, Strains and Muscle Spasm, 'Soma' Compound

numbs the pain...not the patient

A potent analgesic and a superior muscle relaxant

1. A sprain or fracture is not a big clinical problem—but it does hurt. And if there is housework to do and kids to mind, the patient needs something to numb the pain.

2. A.P.C. compounds have limited usefulness; and the patient can buy them without your prescription. Unfortunately, most of them are too mild to be effective for sprains—and more potent products too often make the patient feel 'dopey'.

3. 'Soma' Compound is ideal in these cases. Since it contains both 'Soma' (carisoprodol) and acetophenetidin it is both a potent analgesic and a superior muscle relaxant; it also contains caffeine to offset any drowsiness *("numbs the pain...not the patient")*.

4. Why not try 'Soma' Compound? Dosage is 1 or 2 tablets q.i.d. For more severe pain, try 'Soma' Compound + Codeine. Dosage: 1 or 2 tablets q.i.d.

5. Hypersensitivity to carisoprodol may occur rarely. Codeine may produce addiction, nausea, vomiting, constipation or miosis.

Soma® Compound

carisoprodol 200 mg., acetophenetidin 160 mg., caffeine 32 mg.

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carisoprodol 200 mg., acetophenetidin 160 mg., caffeine 32 mg., codeine phosphate 16 mg. (Warning—may be habit forming.)

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CSO-9193

The Month in Washington

• From the Washington Office of the American Medical Association.

THE Food and Drug Administration has proposed banning more than 50 so-called "cold cure" prescription drugs containing antibiotics and other anti-microbial agents. The action was recommended by a team of leading medical scientists who found that the antibiotics have no effect whatsoever on the common cold.

This proposal followed an earlier FDA crackdown on a wide variety of over-the-counter lozenges, nose drops and sprays, mouth washes and deodorants, skin lotions and ointments containing antibiotics. It was estimated that about 200 such compounds were affected.

The most recent FDA proposal would prevent the certification of prescriptions which include antibiotics in conjunction with analgesics, anti-histamines, decongestants and caffeine. It would affect only prescription drugs taken by mouth.

The order also would initiate regulatory action, if necessary, to remove from the market analgesics, decongestants, caffeine and anti-histamines when mixed with any other anti-microbial agents, primarily the sulfa family.

Evaluation of "Cold Cures"

At the request of the FDA, the National Academy of Sciences had named a panel to evaluate the "cold cures." The chairman was Dr. Harry Dowling, chairman of the American Medical Association Council on Drugs and on the faculty of the University of Illinois School of Medicine.

The panel unanimously concluded:

1. There is no acceptable evidence that any anti-microbial agent is of any value in the treatment of the common cold or any other upper respiratory viral infection.

2. Anti-microbial agents are of no value in preventing bacterial complications in patients with common colds who are otherwise healthy, and therefore should not be used. They may have some value in patients with underlying chronic pulmonary disease. When prophylactic therapy of respiratory infection is justified, the anti-microbial agent that may be used must be one that is relatively free of inherent toxicity. This would preclude the use of chloramphenicol, triacetyloleandomycin, and/or sulfonamide products.

3. The antibiotic in a drug which includes analgesics, anti-histaminics, and possibly decongestants would have no effect on the cold itself and there is insufficient clinical evidence to show that it would be of value in the prevention of complicating infections of a cold. The symptomatic relief that may be provided by the other ingredients of such a preparation is no justification for any such product to contain an anti-microbial agent.

Drug Advertising and Labeling

The Pharmaceutical Manufacturers Association (PMA) and 37 prescription drug producers challenged in a federal district court the legal validity of a drug advertising and labeling regulation recently promulgated by the Food and Drug Administration (FDA).

The action, filed in the U. S. District Court in Wilmington, Del., alleged that the regulation is "unauthorized by and contrary to law."

Secretary of Health, Education and Welfare Anthony J. Celebrezze and Food and Drug Commissioner George P. Larrick were named as defendants.

The controversial regulation was issued last June 20 as a result of the 1962 amendments to the Food, Drug, and Cosmetic Act. The amended law requires only that "established names" of prescription drugs be printed in labeling and advertising "prominently and in type at least half as large as that used for any proprietary name." While on the other hand the regulation would require the established name to appear "each time" the protected trademark or brand name appears in an advertisement or on a label.

Established names of drugs usually are originated by manufacturers in cooperation with the U. S. Pharmacopeia and the American Medical Association. An established name may be used by any producer to identify the active or therapeutic ingredient in a drug product. In contrast, a protected brand name may be used only by a single producer to identify himself and his product.

The plaintiffs pointed out that drugs with the same established name may differ in therapeutic effect because of varying inactive ingredients and manufacturing methods.

The plaintiffs also said that, in addition to going beyond statutory authority, the regulation requiring repetition of the established name with each use of a protected brand name on a container label, in a package insert, or in any advertising to physicians would be confusing and would make reading more difficult, to the detriment of doctors and ultimately their patients.

For dramatic restoration

WINSTROL®

brand of **STANOZOLOL**

Oral anabolic therapy with this new physiotonic helps restore the patient's: positive protein metabolism; confidence, alertness and sense of well-being.

WINSTROL (stanozolol/Winthrop), a heterocyclic steroid, combines highest potency* with outstanding tolerance, stimulates appetite and promotes weight gain . . . restores a positive metabolic balance. It counteracts the catabolic effects of concomitant corticosteroid or ACTH therapy. WINSTROL (stanozolol/Winthrop) rebuilds body tissue while it builds strength, confidence and a sense of well-being in conditions associated with excess protein breakdown, insufficient protein intake and inadequate nitrogen and mineral retention.

Side Effects and Precautions: Prolonged administration can produce mild hirsutism, acne or voice change. In an occasional patient, edema has been observed and in young women the menstrual periods have been milder and shorter. These side effects are reversible, and patients receiving prolonged treatment should be examined and questioned periodically so that, should side effects appear, the dosage may be reduced or administration of the drug discontinued for a time.

In patients with impaired cardiac and renal function, there is the possibility of sodium and water retention. Liver function tests may reveal an increase in bromsulphalein retention, particularly in elderly patients. In such cases, therapy should be discontinued. Although it has been used in patients with cancer of the prostate, its mild androgenic activity is considered by some investigators to be a contraindication.

Dosage: Usual adult dose, 1 tablet t.i.d. before or with meals; young women, 1 tablet b.i.d.; children (school age): up to 1 tablet t.i.d.; children (preschool age): ½ tablet b.i.d. Available as scored tablets of 2 mg. in bottles of 100. For best results, administer with a high protein diet.

*ANIMAL DATA

Rx WINSTROL (stanozolol/Winthrop) whenever anabolic therapy is indicated

Winthrop

Winthrop Laboratories, New York 18, New York

Annual Reports*

Special Investment Trust Committee

The Special Investment Trust Committee is pleased to announce the establishment of an Investment Trust Plan for the benefit and use of our members. Trustee for the Plan is the Charleston National Bank. In addition to being the State's largest bank, their long established record of performance in the field of Trust Administration provides us experienced financial guidance and qualified supervision of our Investment Trust Plan. The purpose of the Trust is to enable a member to put his surplus earnings to work under qualified financial management for his own future use.

Because of the fundamental need for this program and the equal importance of a sound approach, three years of study and careful planning have gone into its development. Setting up the Trust Plan in the most advantageous manner for the benefit of members and the equal necessity of maintaining precise conformance with legal requirements called for a substantial investment in time, effort and care in its final design.

The need for the Investment Trust is based on the fact that few of us as practicing physicians have the time, patience or skill to set up an adequate investment program for our own future use. Most of us earn enough during the peak years of our practice to adequately provide for the years ahead. Few of us arrive at this time with a satisfactory investment program.

The purpose of the Trust Plan is to provide our members with a voluntary long range investment program. Funds deposited by members in the Trust are invested in a balanced investment plan—a stock fund for growth and capital appreciation—a group annuity for guaranteed values and a guaranteed rate of return. As stated before, the Trust provides a sound way for a member to put his surplus earnings to work under qualified investment supervision—leading ultimately to the creation of an estate for his own future use. Under most circumstances qualified investment management is too costly and diversification is not practical when undertaken on an individual basis. Through the medium of the Trust Plan, both the cost of administration of the Stock Fund and the availability of the annuity on a group basis provide substantial savings to our members not usually available to us as individuals.

The Stock Fund is made up of a carefully selected portfolio of top grade stocks. Under qualified investment management the object of the Fund is long term gain and reasonable return. The annuity is set up on a group basis with guaranteed values and a guaranteed rate of return. At maturity the annuity provides monthly income guaranteed for life.

Under the Trust Program three plans are available:

First—Your monthly deposit may be split 50/50—one half to the Stock Fund—one half to the Group Annuity.

Second—Your monthly deposit may be invested entirely in the Stock Fund.

Third—Your monthly deposit may be invested entirely in the Group Annuity.

At a time in the future when you choose to reduce the present volume of your practice—returns from your investments under the Trust Plan can provide a significant supplement to your income and a well-earned degree of security for the balance of your life. Proceeds from your share in the Trust Plan may be taken in cash and left to accumulate to your account or in the case of the annuity taken, as a monthly income guaranteed for life.

While the foregoing resume provides you a general outline and the outstanding features of the plan, obviously many questions regarding its operation can only be answered by personal consultation.

Mr. Charles Gates, Vice President and Trust Officer of the Charleston National Bank, has offered to make available officers or key employees of the Bank to talk to county component societies at their request.

Mr. J. Banks Shepherd, Plan Consultant, or a member of his staff will be available for personal consultation. You will be contacted in the near future.

It is the considered judgment of your Trust Committee that this Investment Trust Program provides one of the most needed and valued services ever rendered by the Association for the benefit of our members.

Acknowledgment is here made to the Charleston National Bank, Trustee of our Plan, and to Mr. J. Banks Shepherd, Plan Consultant, for three years of unremitting effort, wise counsel and experienced guidance in the development and design of our Trust Plan.

Respectfully submitted,

Charles A. Hoffman, M. D.,
Chairman.
Upshur Higginbotham, M. D.
W. P. Bittinger, M. D.
Seigle W. Parks, M. D.
Joe E. McCary, M. D.

Insurance Committee

The Insurance Committee is pleased to advise members of the availability of a Catastrophe Liability policy in the limit of $1,000,000. The purpose of this policy is to provide protection in limits and in areas not usually covered by regular policies. Specifically, to provide one million dollars excess coverage over your regular policies for automobile liability, malpractice liability and personal liability—including home, office and personal activities; and to provide one million dollars protection in the areas normally excluded by regular policies.

This policy is not intended to replace or interfere with any of your present insurance—business or personal. It is excess coverage and is over and above coverage not provided by your present insurance.

The need for catastrophe liability insurance is the fact that during the past two decades liability claims

*Other annual reports were published in the August, 1963, issue of The Journal.

have increased to an astronomical rate. This not only applies to an increase in average claims but also to the maximum awards currently made by courts all over the country. Physicians' liability claims are not only a part of this overall pattern but physicians as a class are disproportionately subject and, in many cases, victimized in the increasing trend to higher claims. Recent court awards have ranged up to $750,000. Twenty checked were over $200,000. While it is not suggested that these are daily occurrences, most of us are aware of our vulnerability.

In addition to providing high limits, the Catastrophe Liability policy provides broader coverage than regular liability policies currently provide. The following are examples of protection not usually afforded under currently available policies—but covered for claims in excess of $10,000 under the Catastrophe Liability policy:

(1) Personal injury claims, such as false arrest, libel, slander, defamation of character, mental anguish, and mental injury or shock. This type of claim is not considered bodily injury.
(2) Worldwide coverage—many regular policies are limited to the United States or Western Hemisphere.
(3) Property damage to property in your custody or control.
(4) Contractural liability.

While some of the protection outlined above may be unfamiliar to some of you, serious claims have arisen from the sources named.

The primary reason for sponsorship of this program by the Association is a proven need for higher limits and broader protection than is now usually provided in regular policies. Second, a substantial reduction in the premiums to members as compared to the cost on an individual basis. This Catastrophe Liability policy is written in the limit of one million dollars only. The underwriting company for this plan is the United States Fire Insurance Company of New York.

Respectfully submitted.

Charles A. Hoffman, M. D.,
Chairman.

Committee on Medical Education, Hospitals and Scholarships

The original idea of our Association, through the work of this Committee, was to help capable and needy medical students obtain a medical education and, in so doing, provide our rural areas with better medical care.

The present scholarship program of our State Medical Association provides annually two scholarships of $1,000 each to students enrolled in the West Virginia University School of Medicine. When the program was inaugurated in 1958, one scholarship was awarded per year. In 1961, the House of Delegates voted to award two scholarships annually. The recipients of the first two scholarship awards have received their M. D. degrees and currently there are six recipients enrolled in the School of Medicine. Ultimately, the Association will have eight scholarship winners enrolled annually.

At the present time $6.00 of the dues of each active member is earmarked for the fund which provides the annual scholarships.

The program has been an expression of our Association's interest in providing medical care where most needed, and it has received a great deal of favorable attention from the public and the press media.

For several years the committee has realized that the scope of the scholarship program should be enlarged; that in addition to what we are already doing, a loan fund should be created which would be financed by contributions to the Charles Lively Memorial Scholarship Fund. The Committee went on record unanimously at our Spring meeting in Morgantown approving the continuation of the present scholarship program and the establishment of a student loan program modeled after the AMA program.

It was the consensus of your Committee that every effort should be made to raise a minimum of $50,000 to initiate the loan program and a direct appeal has been made by our President. Committees have been appointed by Doctor Pace in every county in the State to build our reserves so that the loan portion can be consumated.

The response has been satisfactory in only a few areas of the State. I am hoping that the members of the Association will support the fund in the future. Let us all reexamine the above request for further contributions to the Charles Lively Memorial Scholarship Fund.

Your Committee also directed during the Spring meeting that a conference be arranged between members of the Committee and representatives from teaching hospitals throughout the State for the purpose of discussing intern and residency training programs. Drs. Clark K. Sleeth, M. B. Williams and William A. Thornhill, Jr., were appointed to arrange a conference this fall as directed by the above motion.

Sixteen applicants seeking scholarship help were interviewed on Saturday evening, April 6, and on Sunday morning, April 7. The two chosen were J. Donald Morrison of Huntington and Richard L. Hess of Clarksburg. On Saturday your Committee will have the privilege of presenting these young men to you.

Respectfully submitted,

J. P. McMullen, M. D.,
Chairman.

Osteopathic Liaison Committee

At the meeting of the Council of the West Virginia State Medical Association on August 23, 1961, a request by the West Virginia Osteopathic Society for the appointment of a liaison committee was granted and the President of the West Virginia State Medical Association was authorized to appoint a special committee and to report back to the Council.

The Committee met with the Inter-Professional Committee of the Osteopathic Society on January 21, 1962, and found that the osteopathic physicians were primarily interested in the removal of the stigma of "a cult" from their profession. Further discussion in-

cluded the King-Anderson legislation and the State MAA program, on which there was mutual agreement.

The Committee met on May 19, 1962, to consider recommendations to the Council, an oral report of which was made to the Council on May 20, 1962, and the final report was to be made to the Council at its August meeting in White Sulphur Springs.

The Committee respectfully reports the following facts:

(1) Under the Medical Practice Act of the State of West Virginia doctors of osteopathy are licensed to practice medicine in all of its branches just as are doctors of medicine.

(2) A thorough study by a special committee of this Association in 1954 showed that the osteopathic schools were teaching essentially the same basic sciences and clinical subjects as are taught in our approved medical schools. This was further substantiated by the Cline Committee of the American Medical Association.

(3) A continuous study by various committees and the Judicial Council of the American Medical Association since 1951 resulted in the following recommendations by the House of Delegates of the American Medical Association at the annual meeting in New York in June, 1961:

a—"It is appropriate for the American Medical Association to reappraise its application of policy regarding relationships with doctors of osteopathy in view of the transition of osteopathy into osteopathic medicine, in view of the fact that the colleges of osteopathy have modeled their curricula after medical schools, in view of the almost complete lack of osteopathic literature and the reliance of osteopaths on the use of medical literature and in view of the fact that many doctors of osteopathy are no longer practicing osteopathy."

b—"Policy should now be applied individually at the state level according to the facts as they exist. Heretofore, their policy has been applied collectively at the national level. The test now should be: Does the individual doctor of osteopathy practice osteopathy, or does he in fact practice a method of healing founded on a scientific basis? If he practices osteopathy, he practices a cult system of healing and all voluntary professional associations with him are unethical. If he bases his practice on the same scientific principles as those adhered to by members of the American Medical Association, voluntary professional relationships with him should not be deemed unethical."

(4) The Joint Commission on Accreditation of Hospitals at its meeting on September 17, 1960, adopted the recommendations of the American Hospital Association as follows: "Only doctors of medicine and doctors of osteopathy shall practice in hospitals listed by the American Hospital Association. If doctors of osteopathy are practicing in the hospital then, under the requirements, the overall supervision of clinical work must be under a doctor of medicine (as chief of staff or chief of department)." It is further noted that although the medical staff may make recommendations for staff appointments, it is the governing body of the hospital that is the ultimate authority in the appointment of any physician to the staff.

(5) Many osteopathic physicians in West Virginia are in fact practicing scientific medicine in an ethical manner and the stigma of "a cult" should be removed from these individuals. Each individual osteopathic physician should be judged on his ability to practice scientific medicine rather than on his "school" of training. The House of Delegates of the American Medical Association recommends that the determination of the scientific ability of osteopathic physicians should be made on the state level. It is, however, the feeling of the Committee that the determination of the scientific ability and ethical practice of each osteopathic physician should be made by the local society of the county in which he is practicing, with a copy of the record of each individual recommended to be sent to the West Virginia State Medical Association for filing.

The Committee therefore wishes to recommend the following:

1. Once that it has been established that an individual osteopathic physician is practicing scientific medicine in an ethical manner it shall not be unethical for a doctor of medicine to associate with him in a professional manner as follows:

(a) Doctors of medicine may consult with individual osteopathic physicians, teach in their schools and hospitals, and present papers to their scientific assemblies.

(b) Osteopathic physicians may be invited to attend the scientific meetings of county societies and the State Medical Association.

(c) Osteopathic physicians may be given the opportunity to attend postgraduate courses at the West Virginia University School of Medicine.

(d) Applications of osteopathic physicians for hospital appointments be given the same scientific consideration as the doctor of medicine.

Respectfully submitted,

Thomas G. Reed, M. D.,
Chairman.
C. R. Davisson, M. D.
Hu C. Myers, M. D.
Robert J. Reed, Jr., M. D.

Necrology Committee

The following is a list of West Virginia physicians whose deaths have been reported to the West Virginia State Medical Association during the past year:

1962

Aug.	28—C. C. Jarvis	Clarksburg
Aug.	28—Thomas W. Moore	Huntington
Sept.	24—William K. Mackey	Chesapeake, Ohio
Sept.	30—Benjamin L. Pettry	Dorothy
Oct.	5—Robert W. Fisher	Morgantown
Oct.	8—Edgar F. Heiskell	Morgantown
Oct.	10—Oscar Bernard Biern	Huntington
Oct.	17—James A. Newcome	Columbia, S. C.
Oct.	18—Houston G. Foster	Weston
Oct.	23—H. D. Hatfield	Huntington
Nov.	2—Robert M. Wylie	Huntington
Nov.	5—Charles S. Mahan	Morgantown
Nov.	8—William S. Dick	Parkersburg
Nov.	12—William F. Harless	Madison
Nov.	12—C. B. Pride	Morgantown
Dec.	6—Walter C. Hall	Welch

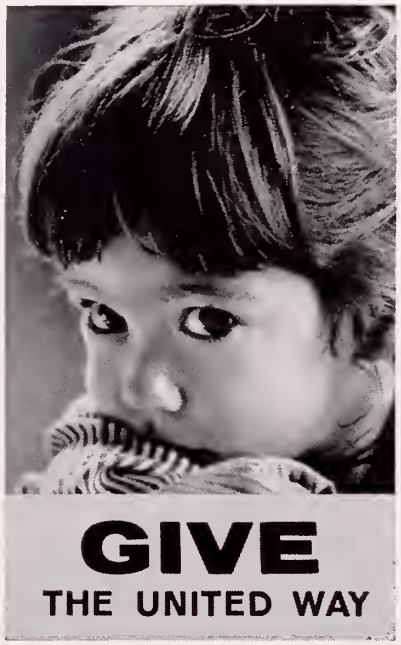
Dec. 17—Benjamin H. Biddle — Nutter Fort
Dec. 21—Berlin B. Nicholson — Parkersburg
Dec. 22—Benjamin B. Rader — Clarksdale, Miss.
Dec. 26—John Taylor Morrison — Washington, D. C.

1963

Jan. 1—Orie O. Bennett — Buckhannon
Feb. 7—H. E. Beard — Huntington
Feb. 9—Thomas V. Gocke — Clarksburg
Feb. 15—E. W. Crooks — Parkersburg
Feb. 16—Marshall W. Sinclair — Bluefield
Feb. 21—Fred Ben Quincy — Aflex, Ky.
Feb. 25—Charles H. Clovis — Wheeling
Mar. 5—William R. Laird — Montgomery
Mar. 6—William R. Goff — Parkersburg
Mar. 18—Joseph W. Thornbury — Belle
Mar. 22—Kenneth D. Bailey — Fairmont
Mar. 24—Gory Hogg — Lewisburg
Mar. 27—Walter H. Dearing — Huntington
Apr. 25—Thomas G. McLin — Huntington
Apr. 25—Phosa David Nutter — Lancaster, Pa.
May 18—Jennings Walker Travis — Grafton
May 27—Lewis A. Whitaker — Weirton
May 30—John A. Love — Moorefield
June 26—M. F. Torregrosa — Ashland
July 22—Charles N. Slater — Clarksburg
Aug. 3—P. E. Berry, Jr. — Piedmont

Respectfully submitted,

P. R. Fox, M. D.,
Chairman.



Resolutions

Four resolutions offered at the first session of the House of Delegates on Wednesday evening, August 21, 1963, were referred to the Committee on Resolutions for study and report back, with recommendations, at the final session on Saturday afternoon, August 24.

Dr. Maynard P. Pride of Morgantown, the Chairman, presided at a meeting of the committee which was held on Thursday afternoon, August 22.

Upon request, two of the four resolutions offered at the first session were withdrawn from consideration at the conclusion of the open hearing.

Resolutions by the Harrison County Medical Society and the Kanawha Medical Society, both of which were concerned with the medical scholarship program of the State Medical Association, were considered together by the committee.

As recommended by the committee, the House of Delegates adopted the following resolution as a substitute for the two resolutions offered by the abovementioned societies:

WHEREAS, The West Virginia State Medical Association has established and has in operation the Charles Lively Memorial Scholarship Fund, the purpose of which is to provide aid to certain categories of students at the West Virginia University School of Medicine supported by a current annual assessment; and

WHEREAS, There is also, as of now, a West Virginia State Medical Association scholarship emergency loan fund available at the School of Medicine for the school year, 1963-64, and that this loan fund will increase in size as additional contributions become available; and

WHEREAS, There also are available at the School of Medicine other scholarship loan programs as the West Virginia University Foundation, Van Liere and AMA-ERF loan funds; and

WHEREAS, The purpose of the loan and scholarship fund of the West Virginia State Medical Association is to promote and continue the original concept of the rural practice incentive;

THEREFORE, BE IT RESOLVED, That the House of Delegates of the West Virginia State Medical Association reaffirm its support of the Charles Lively Memorial Scholarship Fund and direct the President of the West Virginia State Medical Association to appoint a special interim committee to study the various facets of scholarship loans and grants and to report on the possibility of (1) widening the scope of the present Charles Lively Memorial Scholarship Fund by retaining the rural practice incentive, and (2) working out in detail the administration, cost and other facets of a more extensive loan program sponsored by the State Medical Association, together with its adaptability to our firm intentions of preserving the original concepts of the Charles Lively Memorial Scholarship Fund, and

BE IT FURTHER RESOLVED, That the committee be directed to report its findings at an early meeting of the Council and that the final report be presented to the House of Delegates at the annual meting in 1964.

Report of Resolutions Committee

The chairman of the committee, Dr. Maynard P. Pride, submitted his report to the House of Delegates at the final session on Saturday afternoon, August 24. The report follows:

"Your Committee on Resolutions has carefully considered the resolutions offered before the first session of the House of Delegates on Wednesday Evening, August 21, 1963.

"Several members of the Association appeared at a meeting of the Committee held on Thursday afternoon, August 22, 1963, and discussed in detail the resolutions pending before the Committee. The cooperation of these physicians has been most helpful to the Committee in reaching decisions, and we express appreciation to those who took time to attend the open hearing.

"Mr. President, your Committee assures the members of the House of Delegates that the one and only consideration that has guided the Committee in its deliberations has been the criteria as to whether each of the resolutions were or would be to the best interests of the entire medical profession in West Virginia.

"Again, we wish to thank the members of the West Virginia State Medical Association who appeared before the Committee at the open hearing on August 22, 1963.

"Your Chairman personally expresses his gratitude to the members of the Committee for the patience, enthusiasm, wisdom and valuable time devoted to the study of the resolutions.

"In addition to your Chairman, the members of the Committee participating were Drs. C. R. Davisson, Weston; A. C. Esposito, Huntington; Upshur Higginbotham, Bluefield; Pat A. Tuckwiller, Charleston; and Howard G. Weiler, Wheeling; and William H. Lively, secretary ex officio, and Jerry Gould, Executive Assistant."

Courtesy Resolutions Adopted

Dr. James S. Klumpp of Huntington requested and obtained the unanimous consent of the House for the introduction of four courtesy resolutions. The resolutions which follow were adopted unanimously.

Resolution No. 5. Commendation for James L. Cunningham, M. D.

WHEREAS, One of our senior members will on September one, nineteen sixty-three, celebrate his one hundredth natal anniversary, an event which overtakes very few men of medicine subject to the many stresses of serving the public health and welfare in a spirit of dedication and devotion, marked in this instance by six decades of active practice in his community of Pickens, West Virginia,

THEREFORE, BE IT RESOLVED by the House of Delegates of the West Virginia State Medical Association that our executive secretary be directed to transmit a formal copy of our felicitations to Dr. James L. Cunningham, together with our sincere hope for many pleasant and satisfactory golden years which may be included in his life span.

* * * *

Resolution No. 6. Coverage of Convention by News Media.

WHEREAS, During this annual meeting, our official actions and scientific discussions have been given ample coverage by the news and communication media throughout the State;

THEREFORE, BE IT RESOLVED by the House of Delegates of the West Virginia State Medical

Association, that our executive secretary be directed to extend our sincere thanks to the several media of communications, press, radio and television, with especial reference to The Charleston Gazette and The Charleston Daily Mail, the United Press International and the Associated Press for their efficient services.

* * * *

Resolution No. 7. Appreciation for Cooperation of Management and Personnel at The Greenbrier.

WHEREAS, The members and guests attending our annual meeting in White Sulphur Springs are always impressed and are deeply grateful for the many pleasant courtesies and the very efficient services made available during our short sojourn;

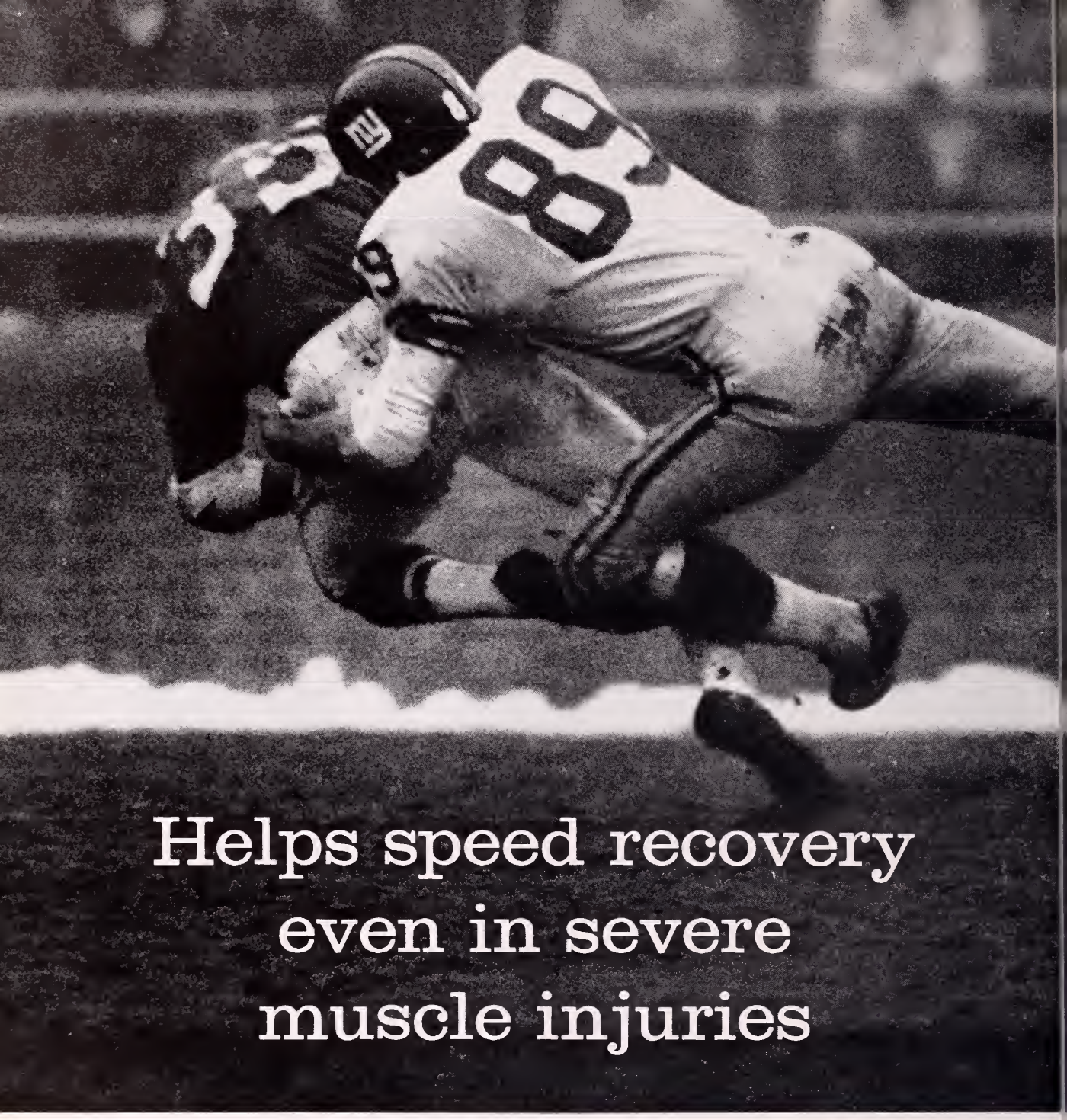
THEREFORE, BE IT RESOLVED by the House of Delegates of the West Virginia State Medical Association that the executive secretary thereof be directed to express our official and personal thanks to the officers and entire staff of The Greenbrier for their unstinted efforts in our behalf.

* * * *

Resolution No. 8. Distribution of Daily Newspapers by the Hospital and Physicians Supply Company of Charleston.

WHEREAS, As one of the many services afforded by our annual stay at The Greenbrier is the complimentary copy of a daily newspaper;

THEREFORE, BE IT RESOLVED by the House of Delegates of the West Virginia State Medical Association that our executive secretary be directed to give our formal thanks to the Hospital and Physicians Supply Company of Charleston, West Virginia, for their gracious and thoughtful action.



Whether your muscle-injury patient is a professional athlete or just a weekend golfer, you can expect rapid results with 'Soma' (carisoprodol).

This unique drug breaks up both muscle spasm and pain at the same time. Onset of action takes only 30 minutes, and your patient will usually begin to feel better within hours.

As Conant demonstrated in a study of 106 patients with musculoskeletal injuries, 88% of the patients treated with 'Soma' (carisoprodol) achieved good to excellent results. *(Clinical Medicine*, March, 1962.)

Carisoprodol seldom produces side effects. Occasional drowsiness may occur, usually at higher than recommended dosage. Individual reactions may occur rarely. For severe athletic strains or everyday sprains, you can rely on 'Soma' (carisoprodol) to help speed recovery with notable safety.

USUAL DOSAGE: ONE 350 MG. TABLET Q.I.D.

The muscle relaxant with
an independent pain-relieving action

Soma®
carisoprodol

Wallace Laboratories, Cranbury, New Jersey

Obituaries

JOHN GARFIELD ROGERS, M. D.

Dr. John Garfield Rogers, 84, of Vienna, Wood County, died on August 29 at his home in that city.

Doctor Rogers, a native of Freed, Ritchie County, received his M. D. degree from the University of Louisville School of Medicine in 1911 and was licensed to practice in West Virginia that same year.

He was an honorary life member of the Parkersburg Academy of Medicine, West Virginia State Medical Association and American Medical Association.

He is survived by two sons, Dr. John D. Rogers of Parkersburg, and Charles G. Rogers of Marion, Ohio, and a brother, Silas Rogers of Denver, Colorado.

Medical Seminar Cruise

The Albany Medical College of Union University has announced that it has scheduled its fifth Postgraduate Medical Seminar Cruise, January 8-22, 1964. Members of the faculty will present a comprehensive postgraduate medical program during the 14-day cruise on board the M. S. Gripsholm.

Further information may be obtained by writing to Dr. William P. Nelson, Professor of Postgraduate Medicine, Albany Medical College of Union University, Albany 8, New York.

Three-Fourths of U. S. Population Covered by Health Insurance

In the space of 20 years, the number of people protected by health insurance has gone from one out of every seven in the United States to the present figure of three out of every four persons, the Health Insurance Institute reported recently.

In 1942, 15 per cent of the U.S. civilian population were protected by some form of health insurance, the Institute said, while at the beginning of this year 76 per cent of Americans were so covered. At the midway point, 1952, some 58.5 per cent of the population had health insurance.

The Institute said this explosive growth can be attributed to many factors, among which is the public's growing awareness of the value of modern health care and its need to find a mechanism to help prepay the cost of such care. The same type of growth has been shown by other forms of health insurance.

In 1942, over 8 million Americans had surgical expense insurance, but in the following 20 years there was a 16-fold increase and at the end of 1962 over 131 million persons had protection against the cost of surgical bills. In 1952, over 72 million persons had surgical insurance.

Regular medical expense insurance covered a little more than 3 million Americans in 1942. However, there was nearly a 31-fold increase in coverage in 20 years so that more than 98 million persons were covered last year. In 1952, close to 36 million persons were so protected.

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Finest In Comfort, Security and Care

Constant
Medical and Nursing Care
for the chronically ill, the convalescent and the retired citizen. New, modern and as fireproof as can be constructed. Licensed and approved by the State Board of Health.

RATES $8.00 — $10.00 — $12.00 PER DAY

WRITE FOR INFORMATION OR CALL 252-6317

County Societies

HARRISON

An official of the Federal Food and Drug Administration was the guest speaker at a joint meeting of the Harrison County Medical Society and the Harrison County Registered Pharmacists in Clarksburg on September 5.

Mr. Merl J. Ryan of Baltimore, assistant director of the Federal Agency, discussed prescriptions and the manner in which they are filled and distributed. Dr. Robert S. Wilson, president of the Society, introduced the speaker and presided at the meeting, the first of the fall season.

* * * *

MONONGALIA

Dr. Barbara Jones was the guest speaker at the regular monthly meeting of the Monongalia County Medical Society which was held at the Hotel Morgan in Morgantown on August 6.

Doctor Jones, Associate Professor of Pediatrics at the West Virginia University School of Medicine, presented a paper on "Chromosome Aberrations."—George A. Curry, M. D., Secretary.

PARKERSBURG ACADEMY

Dr. Charles L. Goodhand, newly installed President of the West Virginia State Medical Association, was given a standing vote of confidence by members of the Parkersburg Academy of Medicine at the September meeting in Parkersburg.

Doctor Goodhand, a past president of the Parkersburg Academy, was installed on August 24 during the final session of the House of Delegates at The Greenbrier.

Doctor William H. Hevener of Columbus, Ohio, Professor of Ophthalmology at the Ohio State University College of Medicine, was the guest speaker. He presented a paper on "Management of Ocular Injuries."

Dr. Robert M. Biddle, the president, presided at the business meeting and appointed a committee to investigate conditions of practice of osteopaths in the Academy area and report at its next meeting.

Crippled Children's Society Meeting

The annual meeting of the National Society for Crippled Children and Adults will be held at the Palmer House in Chicago, November 22-25.

The four-day conference will feature specialists in the rehabilitation, health and welfare fields. One of the featured speakers will be Dr. Norman Vincent Peale of New York City, prominent clergyman, lecturer, and author.

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Book Reviews

SURGERY IN WORLD WAR II—Thoracic Surgery—Volume 1 Medical Department, United States Army, World War II. Prepared and published under the direction of Lieutenant General Leonard D. Heaton, The Surgeon General, United States Army. Editor in Chief, Colonel John Boyd Coates, Jr., MC, USA. Editor for Thoracic Surgery, Frank B. Berry, M. D. Office of the Surgeon General, Department of the Army, Washington, D. C., 1963. 394 pages. $4.25.

This is the first book of two volumes which comprises the development of thoracic surgery in the United States Army Medical Department in World War II.

It is divided into three parts. The first part deals with thoracic surgery in previous wars which amounted to very little as compared with our modern techniques. Thoracic surgery at that time was not a specialty; even in the first World War it had not developed.

The second part deals with the administrative development of care of the chest injuries in the various theaters of war and the third part with the actual treatment of chest injuries, many of which were in combination with injuries of other parts of the body.

Of interest is the lack of trained personnel at the beginning of World War II to care for chest injuries and the early erroneous conception based on World War I that empyema was the major factor which would be encountered during the various campaigns.

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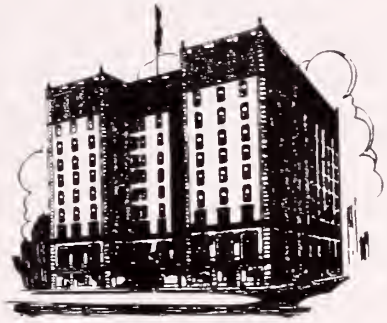

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New Saunders Books

W. B. Saunders Company features the following new editions in their full page advertisement appearing on page vii in this issue:

Current Pediatric Therapy—Edited by Gellis and Kagan. This new book gives you the best treatments, currently in use by leading authorities, for over 1300 diseases and disorders that afflict children.

Mainland—"Elementary Medical Statistics." A new (2nd) Edition—revised to bolster your statistical thinking and also your use of the standard statistical formulas and procedures.

The book deals with the rapid development of the thoracic surgery specialty during the war with the development also of special chest centers for preferred treatment of chest casualties and how they were treated.

This volume is well written by a group of specialists who are prominent in present day practice and makes for fascinating reading of the Armed Forces way of caring for chest casualties. It would be of special interest to those physicians who have served in World War II for a prolonged period of time and were aware of some of the difficulties encountered in combat time in treating casualties as compared with treating civilian persons. It should also be of interest to the younger physicians as a guide for some of our present day criteria in the practice of thoracic surgery.—Morris H. O'Dell, M. D.

COMMUNICABLE DISEASES, MALARIA — Prepared and edited under the guidance of an Advisory Editorial Board with Stanhope Bayne-Jones, M. D., former Dean, Yale University School of Medicine, as chairman. PP. 642, with numerous illustrations. Superintendent of Documents, Government Printing Office, Washington 6, D. C. 1963. Price $6.25.

The sixth volume in this series of the Medical Department of the United States Army is devoted entirely to the disease—Malaria.

It is a comprehensive story written by experts in the field of public health! The evidence of disease among our armed forces on Panama, the Philippine Islands and Southeastern United States had shown an abrupt fall and the low rate of 4.6 per 1000 was established in 1938. The abrupt change from peace to war conditions sent this figure skyrocketing. There were 500,000 hospital admissions in World War II from this one disease and in the Sicilian campaign loss of man power from malaria greatly exceeded the loss due to enemy action.

The three fundamentals for malaria control were:

1. Malaria Discipline.
2. Specialized Malarial Control Organization.
3. High Priority for movement of malaria personnel and supplies.

The progress of malaria control throughout the years is outlined in detail for the various theaters and medical officers in the armed forces will be deeply interested in the malaria situation in their area of service.

The impact of malaria on the American Filipino forces on Bataan indicates the awful effect of this disease on military capacity.—George F. Evans, M. D.

Correspondence

JOE N. JARRETT, M. D.
No. 1 Church Street
Oak Hill, W. Va.

August 27, 1963

George F. Evans, M. D., Editor
The West Virginia Medical Journal
Clarksburg, West Virginia

Dear Doctor Evans:

I would like to express my appreciation for the proposals of the Harrison and Kanawha County Societies for the establishment of a system of scholarship-loans in lieu of the present scholarship-gifts which are currently sponsored by the West Virginia State Medical Association. The support offered the proposal by both you and Dr. Sobisca Hall was orderly and, as far as I am concerned, highly convincing.

Although the proposal was defeated I feel confident that the study committee, which will be appointed by President Goodhand, will present a proposal next year which will satisfactorily accommodate the various viewpoints expressed at the House of Delegates meeting. For my own part, I appreciate the concern of those who favor the gift-scholarship, for the paucity of physicians practicing in rural West Virginia areas. However, I feel that relief of this situation might well be accomplished by the use of the loan-scholarship system and a reverse technique concerning the pledge to practice in a rural community with the option of repaying the funds. A prospective scholarship recipient might, for example, originally *agree to repay the money*, which is advanced him during his four years of medical education, beginning one year following completion of his internship, with a proviso included in the loan agreement that if he should choose to practice in one of the designated rural communities of the state he would be able to discharge his obligation at the rate of one thousand dollars per year of such practice. Thus, instead of having *two* graduates per year who have signed an agreement to practice in a rural area-but are entirely free to borrow money and repay the scholarship gift in lieu of such rural practice—we might, under your loan-scholarship proposal, have *ten or twenty* physicians graduating who would have the option of five years rural practice or repayment of the loan.

Thus, in addition to all the advantages outlined in your excellent presentation, there would accrue the additional advantage of having many more graduates who might well choose the rural practice as a means of repaying their obligation. Further, the large number of gift scholarships which are almost certain to come as a result of Federal appropriations in the medical scholarship field will constitute competition which we will find difficult to combat with our meager two-scholarships-per-year program.

Coca-Cola, too, is compatible with a well-balanced menu. As a pure, wholesome drink, it provides a bit of quick energy..brings you back refreshed after work or play. It contributes to good health by providing a pleasurable moment's pause from the pace of a busy day.

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The larger the program which we offer to stimulate self-reliance and self-determination among those students who may be given the opportunity of choosing between an outright gift from the Federal government and the opportunity to repay the obligation through such a program as we already have—and which could be greatly expanded by the adoption of a proposal similar to yours—the greater good will ultimately accrue to the medical profession. In my opinion, a student who will choose to accept a loan from the West Virginia Medical Association or the AMA-ERF, with the intention of re-paying his obligation one way or another, not only is superior in character over one who would prefer an outright gift, but also represents the type of self-reliance which we have come to expect among doctors.

Again, in my opinion, this issue involves more than the simple increase in the number of practicing physicians in rural West Virginia. Any program which can be devised, to discourage such encroachment by the welfare state upon our profession as is contemplated by the current fantastic sums proposed in Congress for scholarships, should be implemented with every resource of which we are possessed. I believe the loan-scholarship program has the most to offer in this regard.

Sincerely yours,

(Signed) Joe N. Jarrett, M. D.

JNJ/jn

cc. C. L. Goodhand, M. D.
Parkersburg, W. Va.

SOBISCA S. HALL, M. D.
6th Floor, Empire Bank Building
Clarksburg, W. Va.

George F. Evans, M. D., Editor
The West Virginia Medical Journal
122 South Sixth Street
Clarksburg, W. Va.

Dear Doctor Evans:

At the meeting of the House of Delegates on 24 August, 1963, a substitute resolution for the Harrison County Medical Society's Loan Resolution was submitted to the House of Delegates and prevailed by an overwhelming vote. The House of Delegates, over the protest of the Editor of *The West Virginia Medical Journal*, later voted that the Harrison County Resolution should not be "submitted for publication." This later motion deprives *The Journal* of a permanent record of this resolution and the 80 members of the House of Delegates by gag motion denied this information to the other 1400 members of the Association.

The HCMS Resolution if enacted would have made available in 1963-1964 for loans, $100,000 to students in our West Virginia University Medical School. The writer has a letter from the Manager of the AMA-ERF that the national fund would operate our loan fund and also would continue to contribute the usual financial support from the National Fund. At this time under the give away program we give $1,000 to each of two students each year.

The Substitute Resolution provided for further study and report. In the meantime we can't fill the fresh-

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man class at West Virginia University Medical School and this year we shall import 10 out-of-state students.

West Virginia needs doctors desperately in rural areas, in urban areas and especially in our State Institutions. We need general practitioners and specialists.

If this Association can give unlimited financial assurance to all acceptable pre-medical students, and we shall have to revise our plans to include them, we can fill our medical school and we can expand and provide for every medical need in our State. This can be accomplished by loaning funds through our own division in AMA-ERF and through a State operated loan fund.

Copies of the HCMS Resolution are available to all interested parties through the writer.

Resolution No. 1 by the HCMS proposed to convert The Charles Lively Memorial Scholarship Fund into a Loan Fund. The annual assessment of $6.00 per member will be 12½ times greater than the gift fund if managed by the AMA-ERF, or about $100,000 per year in lieu of a gift of $7800.00. The loans would be in perpetuity.

In order to actually know how the rank and file of the profession feel toward the proposition of a loan as against the gift plan, I suggest a questionnaire be sent to all medical and pre-medical students at West Virginia University Medical School and all active members of the West Virginia State Medical Asso-

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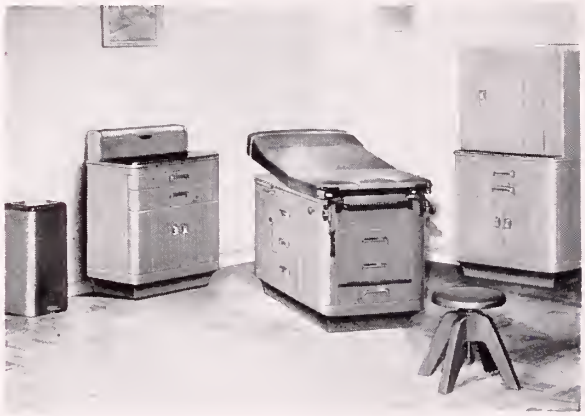

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ciation and get a true answer as to how they feel collectively. I challenge the "opposition" to effect this survey at the earliest possible date.

Sincerely,

(Signed) Sobisca S. Hall, M. D.

Public Receives $700 Million In Surgical Benefits

The American public received nearly $700 million in benefits from insurance companies during 1962 to help pay for the cost of surgery, the Health Insurance Institute reported recently.

The $689,000,000 in surgical benefits was an increase of 10.6 per cent over the $623,000,000 paid out by insurance companies in 1961 to persons covered by surgical expense insurance, or by major medical expense insurance that provides benefits for operative procedures.

At the end of 1962, 82 million persons had surgical expense insurance through insurance companies. Blue Cross, Blue Shield and similar groups covered nearly 52 million persons for surgery, and other health care groups protected 8.2 million. After deducting persons protected by more than one type of insuring organization, there was a net total of 131.2 million persons with surgical insurance, compared to 126.9 million persons a year earlier.

Over 141 million persons had hospital insurance at the end of 1962 which means, said the Institute, that 93 per cent of persons with health insurance have both hospital and surgical insurance.

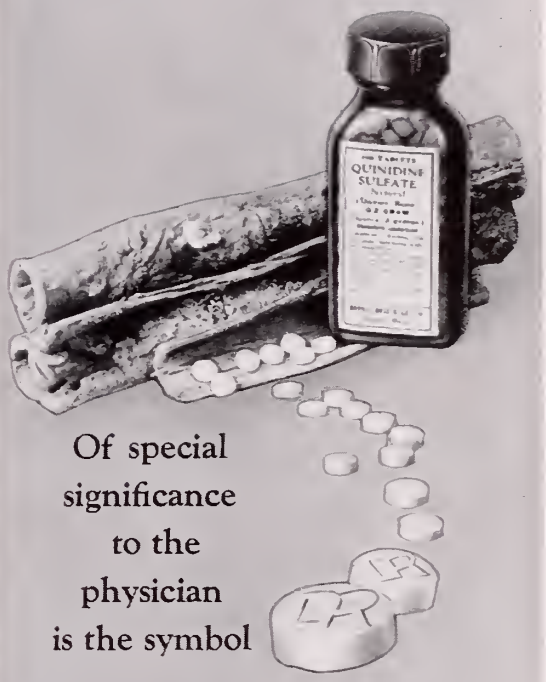
Both the number of persons covered by insurance company surgical policies and the amount of surgical benefits paid by insurance companies are increasing steadily, with the growth in benefits outpacing the climb in coverage.

Coverage increased from 78.9 million persons in 1961 to 82 million in 1962, a boost of 4.0 per cent, while benefits increased 10.6 per cent in the same period.

Medical Research Fund

The Life Insurance Medical Research Fund will give more than a million dollars during the coming year for medical research and for advanced training of medical researchers. Dr. William A. Jeffers, scientific director of the fund, recently announced recipients of $978,120 in research grants and $317,050 in fellowships to further the search for causes of heart and circulatory diseases.

Among the research projects the fund will support this year are study of a newly identified mechanism causing blood clotting in sickle cell disease, investigation of blood flow in the lungs under artificially induced low temperatures, research into the effects of diverting part of the blood supply through such equipment as heart-lung machines, study of the synthesis of fats within the body, and work on the ways electrons move within the muscle of the heart.



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WANTED—Physician for staff position in Medical Department of chemicals company with approximately 4,000 employees. Liberal benefits. Salary commensurate with experience and qualifications. State license required. Write to R. J. Murphy, Director of Industrial Relations, P. O. Box 8004, South Charleston 2, W. Va.

WANTED—General practitioner for large, modern coal mines in southern West Virginia. A splendid opportunity for an energetic practitioner. Write GAC, The West Virginia Medical Journal, Box 1031, Charleston 24.

WANTED—Physician for chief of outpatient clinic in 200-bed general medical and surgical VA Hospital affiliated with WVU School of Medicine. Salary dependent on qualifications. Many fringe benefits. Apply to Director, VA Hospital, Clarksburg, W. Va.

WANTED—General practitioner in Richwood. Citizens of this community are interested in helping physician and believe that the locality can offer an ambitious doctor many advantages. Contact Sr. M. Pia, C.M.P., Administrator, Sacred Heart Hospital, Richwood, W. Va.

RADIOLOGIST—Seeking new location in West Virginia. Certified and licensed to practice in West Virginia. Write JJJ, West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

PHYSICIANS WANTED—There is a dire need for at least two physicians in this area which is served by a new (3 years old), 25-bed, Hill-Burton Hospital. Excellent opportunity for a general practitioner and a surgeon, or a combination of the two. Citizens interested in helping physician establish practice. Contact Administrator, Calhoun General Hospital, Grantsville, W. Va.

WANTED—General Practitioner in Danville, Boone County. Trading population of 5,000. Citizens of community interested in helping physician establish practice. Splendid opportunity. Contact Mr. Clarence White, Bank of Danville, Danville, W. Va.

PHYSICIAN WANTED—The citizens of Pennsboro are interested in procuring the services of a physician. Pennsboro has a population of about 2,000, with a trading population of more than 5,000. Excellent opportunity for a physician who would be received warmly and eagerly by the citizens in Pennsboro and surrounding area. Contact Mrs. Carolyn A. Tingler, R. N., Pennsboro, W. Va.

PHYSICIAN WANTED—A wonderful opportunity for a physician interested in practicing in the Eastern Panhandle. Contact Mr. Henry W. Miller, Consolidated Orchard Company, Paw Paw, W. Va.

WANTED—Associate radiologist to participate in coverage of two hospitals in North Central portion of West Virginia. Address correspondence to RAD, West Virginia Medical Journal, P. O. Box 1031, Charleston 24, West Virginia.

MALE PSYCHIATRIST—If you are a male psychiatrist under the age of 50, have your Boards or are Board eligible, you may be interested in directing a privately established out-patient psychiatric clinic in a favorable setting that offers rewarding work and $25,000 per year, net. Write MWH, The West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

WANTED—Physician urgently needed for general practice in Nutter Fort and Stonewood, W. Va. Near 5,000 population. Present physician had to retire due to illness. Modern and fully-equipped four-room office available. Contact Mr. Sam Colombo, 222 Court St., Clarksburg.

WANTED—Full-time industrial physician for large plant of the Du Pont Company in Parkersburg, W. Va. Salary open. Permanent employment. Applicants with West Virginia license preferred. Excellent opportunity. Please contact H. F. Gilbert, M. D., E. I. du Pont de Nemours & Company, P. O. Box 1217, Parkersburg, W. Va.

WANTED—Qualified chiefs of surgery by a medical group being formed in Southeastern Kentucky for full-time positions in Hazard, McDowell, Middlesboro and Whitesburg. Also, qualified orthopedist needed for full-time position. Write or call collect W. H. Potter, M. D., Harlan, Ky.

STAFF PHYSICIAN—Active 196-bed GM&S hospital; Salary range $8,045 to $18,405, dependent on qualifications. Liberal benefits. Licensure required. Inquire Hospital Director, VA Hospital, Beckley, W. Va.

WANTED—Physicians needed to take over established practice of deceased physician. Modern office available in community located in Southern West Virginia. Trading population of 75,000. Splendid opportunity for one or more physicians. Contact BLW, The West Virginia Medical Journal, Box 1031, Charleston 24, W. Va.

WANTED—The Tug-Sandy-Central Corporation of Commerce of Fort Gay, W. Va., is interested in obtaining a physician for that community, which has a trading population of about 10,000. Will assist in establishing physician in practice. Two medium size hospitals with modern equipment in adjoining city of Louisa, Ky. Contact Henry H. Wellman, Committee Chairman, Fort Gay, W. Va.

AVAILABLE—Well-established practice in modernly equipped office open due to death of physician. Splendid opportunity for qualified M. D. For particulars write Carl C. Jackson, Jr., P. O. Box 121, East Rainelle, W. Va.

GROUP PRACTICE—Opportunities for specialists and general practitioners. Independent group practices being formed. Former Miners Memorial Hospital Association Hospitals in Eastern Kentucky, West Virginia and Virginia, available for in-patient practice care. The Hospitals now being transferred to new nonsectarian regional hospital authority as community hospitals. Contact Appalachian Regional Hospitals, Inc., Box 19111, Washington, D. C.

The West Virginia Medical Journal

November, 1963 Vol. 59, No. 11

Intraventricular Papilloma

(Report of a Case With Successful Removal)

William F. Hillier, Jr., M. D.

A 17-month-old white, female child (P.S.) was born after a normal, uneventful, full-term pregnancy. There were no obstetrical complications. The child's development apparently had been normal until one month before admission to the hospital when she became fretful and, according to the mother, moved the fingers of the right hand and the toes of the right foot as though they were painful. Approximately three weeks before admission, the child began to stagger and fall, and it appeared that her right leg was weak. Two weeks prior to admission she had a seizure characterized by stiffness and rigidity of the right leg, turning of the right eye inward, drawing of the fingers of the right hand and plantar flexion of the toes of the right foot, progressing to a severe, generalized convulsion lasting two to three minutes. Several generalized seizures occurred, each followed by nausea and vomiting.

The child was taken to a hospital in a neighboring community where she remained for five days, was given parenteral fluids, and appeared to improve. She was then discharged but within two or three days was readmitted because of nausea and vomiting. No history of head trauma was elicited.

On physical examination the child was well developed and well nourished, with good hydration.

Examination of the head revealed a slightly tympanitic note to percussion. The sutures appeared to be closed. Pupils were round, regular and equal and reacted equally to light. Extraocular movements were active but there was a rather vague, staring quality to the gaze. Bilateral papilledema was noted, more pronounced on the right. The neck was supple.

The lungs were clear to ausculation; heart rate 140 per minute, rhythm regular, no murmurs.

There was normal motor activity of the upper extremities, with prompt withdrawal from painful stimuli. Right leg was spastic in extension; left leg appeared normal. Deep tendon reflexes were hyperactive, more so in the right arm and leg than in the left.

X-rays of the skull revealed some separation of all the suture lines, consistent with increased intracranial pressure.

On ventriculography, the brain appeared tense and bulging through the burr holes. Ventricular fluid was under greatly increased pressure and approximately 140 cc's. were withdrawn, with the injection of air. Ventricular fluid protein was reported as 15.6 mg. per cent. The ventriculogram revealed a somewhat irregularly shaped, lobulated mass in the posterior aspect of the left lateral ventricle representing, in the radiologist's opinion, either a papilloma or a adenocarcinoma of the choroid. The ventricular system was greatly distended throughout, without displacement. There was good filling of the lateral ventricles,

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Figure 1

the third ventricle, the aqueduct of Sylvius and the fourth ventricle (Figures 1 & 2).

Left parieto-occipital craniotomy was performed and the brain surface appeared quite flattened after exposure. A ventricular needle was inserted, with the release of a considerable volume of air, making the exposure relatively easy. The cortex was transected just below the left supramarginal gyrus and a very large, distended ventricle was entered. A reddish-purple, papillary mass 4.5 x 4 x 2 cm. was encountered and appeared to be attached to the ventricular wall by several fibrous adhesions. The latter were easily sectioned and it was possible then to rotate the tumor out of the ventricle.

The tumor apparently arose from the glomus of the choroid plexus, with two or three arterial connections between it and the glomus. It was possible to apply three silver clips and then to remove the tumor *in toto*. There was little or no bleeding (Figure 3).

The postoperative course was smooth and uncomplicated save for some late afternoon temperature spiking. The lungs remained clear. Urinalysis was normal. A spinal puncture revealed xanthochromic spinal fluid under very slightly increased pressure. Following removal of the fluid the baby's temperature came down to normal and remained there. She became much more alert, took fluids and food well, and began to stand with assistance. At the time of her discharge she was walking with assistance, the operative wound was well healed, and her condition was quite satisfactory.

It was observed that for some four or five days postoperatively the child kept her head tilted to the right but at the time she left the hospital she was holding it erect and unsupported and was sustaining weight satisfactorily on both feet.

Pathology

Gross: The specimen consists of a pinkish and reddish cauliflower-like mass measuring 4.5 x 4 x 2 cm. External and cut surfaces are similar.

Microscopic: Section of the specimen shows a papilloma consisting of cells with dark-staining nuclei. The nuclei are irregular and the cells are columnar in character. The papillomatous fronds are supported by thin stalks of fibrous tissue containing numerous dilated blood vessels. A few areas of old hemorrhage are seen. Histologically the tumor appears to be benign.

Impression: Papilloma of the choroid plexus.

Some Observations from a Review of the Literature

In Cushing's series of 2,023 cases of intracranial tumor, there were only 12 (0.6 per cent) cases of papilloma of the choroid plexus. Bohm and Strong,[1] in reporting their cases and reviewing the literature, noted that 143 cases of intraventricular papilloma had been reported as of June, 1960. Van Wagenen,[6] in 1930, published a report of 2 cases of papilloma of the choroid plexus and observed that the favorite site of the intraventricular tumor was the fourth ventricle since in some 48 per cent of reported cases at that time the lesion was located in the fourth ven-

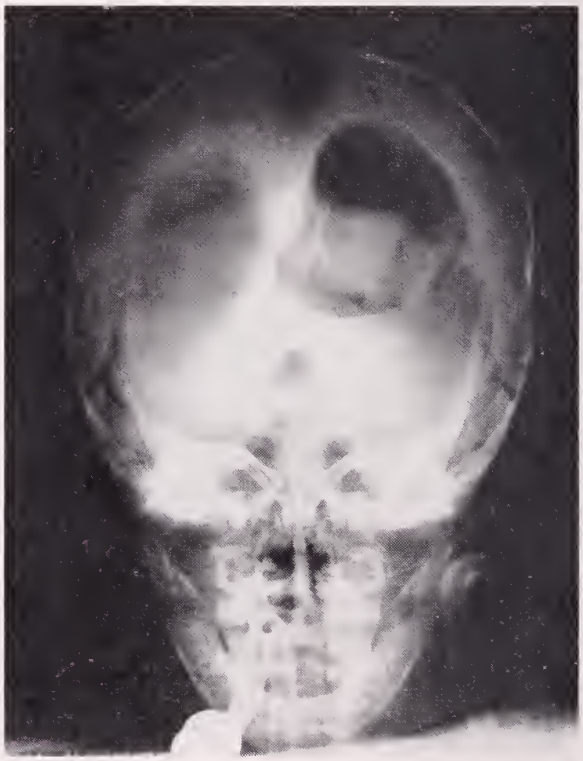

Figure 2

tricle, with 34.7 per cent in the lateral ventricles, and 17.3 per cent in the third ventricle. Noteworthy also is the observation that in 93 per cent of cases the tumor within the lateral ventricle is on the left side and usually is found in the region of the trigone.

The Choroid Plexus: Developmental Data

In the development of the choroid plexus the vascular ependyma becomes thickened and differentiates and invaginates. It then gradually becomes tufted and projects into the ventricles. The true ependymal cells lie adjacent to a very dense layer of fibrillary glia designated as the subependymal glia. The choroid cells, on the other hand, lie in a connective tissue stroma which contains an uncommonly rich network of blood vessels. The principal arteries and veins supplying the plexus run longitudinally and along its base. The arteries branch repeatedly until a very close papillary network is formed, this being most marked at the surface of the plexus immediately beneath the epithelium. Each of the larger villi contains an afferent artery and efferent veins.

Hydrocephalus: Its Causes

Hydrocephalus can be produced through (1) oversecretion of the choroid plexus, (2) interposition of an obstruction at some point in the cerebrospinal fluid pathway and (3) impairment of absorption. In the present case, the ventriculogram (Figures 1 & 2) shows satisfactory filling of the third ventricle aqueduct and the fourth ventricle as well as of both lateral ventricles, so that I feel that the hydrocephalus is produced by oversecretion of the choroid plexus. Ray and Peck[15] describe a remarkable overproduction of cerebrospinal fluid accompanying these tumors.

The tumor arising from the choroid plexus either is a benign papilloma or a papillary adenocarcinoma. "Seeding"[6, 16] in connection with these tumors scarcely can be looked upon as a malignant characteristic and is to be differentiated from metastases.

Summary

A case of intraventricular papilloma of the left lateral ventricle is reported. Craniotomy was performed and removal of the tumor was accomplished without incident.

The literature is reviewed.

An unusual although perhaps relatively unimportant observation in the reported case was that for four or five days postoperatively the patient, a 17-month-old female, kept her head tilted to the right but at the time she left the hospital she was holding it erect and unsupported and was sustaining weight satisfactorily on both feet.

Figure 3

Acknowledgment

The author is indebted to Mr. Elon Clark, Director of the Medical Illustration and Art Department, Duke University Hospital, for assistance in the preparation of photographs and sketches.

References

1. Bohm, E. & Strong, R.: Choroid Plexus Papillomas, J. Neurosurg. 18:493-500 (July) 1961.
2. Nashold, B. S., Jr., Moore, G. T., Jr. & Gillis, J. P.: Papilloma of the Choroid Plexus in a Weimaraner Dog, J. Neurosurg. 18:250-251 (March) 1961.
3. Hamby, W. B., Krauss, R. F. & Beswick, W. V.: Hydroencephaly: Clinical Diagnosis. Presentation of Seven Cases. Pediatrics 6:371-383, 1950.
4. Matson, D. D.: Hydrocephalus in a Premature Infant Caused by Papilloma of Choroid Plexus, With Report of Surgical Treatment, J. Neurosurg. 10:416-420, 1953.
5. Murphy, J. P. & Gravin, J. S.: The Electroencephalogram in Porencephaly, Arch. Neurol. & Psychiat. 58:436-446, 1947.
6. Van Wagenen, W. P.: Papillomas of the Choroid Plexus. Report of Two Cases, One With Removal of Tumor at Operation and One With "Seeding" of the Tumor in the Ventricular System, Arch. Surg. 20:199-231, 1930.
7. Walker, J. C. & Horrax, G.: Papilloma of the Choroid Plexus, With Report of an Unusual Case, J. Neurosurg. 4:387-391, 1947.
8. Abbott, K. H., Rollas, Z. H. & Meagher, J. N.: Choroid Plexus Papilloma Causing Spontaneous Subarachnoid Hemorrhage. Report of a Case and Review of Literature, J. Neurosurg. 14:566-570.
9. Braunstein, H. & Martin, F., Jr.: Congenital Papilloma of Choroid Plexus. Report of a Case With Observation on Pathogenesis of Associated Hydrocephalus. Arch. Neurol. & Psychiat. 68:475-480, 1952.
10. Davis, L. E. & Cushing, H.: Papillomas of the Choroid Plexus, With Report of Six Cases, Arch. Neurol. & Psychiat. 13:681-710, 1925.
11. Fairburn, B.: Choroid Plexus Papilloma and Its Relation to Hydrocephalus, J. Neurosurg. 17:166-171, 1960.

12. Jeffries, E. O. & Ames, R. H.: Papilloma of the Choroid Plexus, Report of a Case, J. Neurosurg. 6:418-421, 1949.

13. Kahn, E. A. & Luros, T.: Hydrocephalus From Overproduction of Cerebrospinal Fluid (and Experiences With Other Papillomas of the Choroid Plexus), J. Neurosurg. 9:59-67, 1952.

14. Posey, L. C.: Papilloma of the Choroid Plexus, Report of a Case and Summary of Recorded Cases, Arch. Path. 34:911-916, 1942.

15. Ray, B. S. & Peck, F. D., Jr.: Papilloma of the Choroid Plexus of the Lateral Ventricles Causing Hydrocephalus in an Infant, J. Neurosurg. 13:405-410, 1956.

16. Turner, O. A. & Simon, M. A.: Malignant Papilloma of the Choroid Plexus, Report of Two Cases With a Review of the Literature, Am. J. Cancer 30:289-297, 1937.

17. Graves, G. W. & Fliess, M. M.: Neoplasm of the Choroid Plexus, Report of a Case With Review of the Literature, Am. J. Dis. Child. 47:97-103, 1934.

18. Friedman, J. J. & Solomon, C. I.: Tumors of the Choroid Plexus in Childhood, Am. J. Dis. Child. 52:114-127, 1936.

19. Herren, R. Y.: Papilloma of the Choroid Plexus, Arch. Surg. 42:758-774, 1941.

20. Weinstein, E. A.: Ependymomas Arising From the Ventricular Lining and Choroid Plexus, J. Mt. Sinai Hosp. 5:573-585, 1938.

To Physicians in Training

To all physicians in training and especially West Virginia residents: West Virginia is in need of physicians in all categories for rural and urban practice. Any physician desiring information concerning openings in the State can communicate with *The Journal*. *The Journal* will publish free for 6 issues pertinent information concerning any qualified physician who is seeking a location in West Virginia. Single copies of *The Journal* listing practice opportunities will be mailed to physicians upon request.

A roster containing a list of officers of county societies and specialty sections of the West Virginia State Medical Association is available upon request to the headquarters offices. Also, information pertaining to West Virginia licensing laws will be mailed to interested physicians. Interested parties may then write the officers of component societies or sections for further information.

Any other information about West Virginia will be secured from outside sources, if possible, and sent upon request. All letters to *The Journal* will receive individual and immediate attention.

Pleural Lipoma: A Rare Neoplasm

(Case Report)

George E. Farrell, M. D., L. Walter Fix M. D., and Paul E. Prillaman, M. D.

Of neoplasms that may occur in the thoracic cavity, lipoma is among the rarest. When it does occur thoracically, it usually involves the mediastinum. The purpose of this paper is to report the case of a rarely occurring pleural lipoma which was parietal.

Case Report

A 60-year-old white male was admitted to Greenbrier Valley Hospital on August 8, 1962, with a history of palpitation and several episodes of coughing up small amounts of bright red blood during the preceding week. He denied chest pain, dyspnea on exertion and wheezing. He had smoked cigarettes for 30 years.

Physical examination was essentially negative. TPR were within normal limits. B. P. 200/100. On auscultation there were clear breath sounds bilaterally, with no rales nor rhonchi. Laboratory workup was within normal limits.

Roentgenography.—The lesion was first visualized on a posteroanterior and lordotic view. On the PA view the medial portion of the density was definable and measured 3 cm. in length. The width could not be measured as the lateral portion faded into a normal lung pattern, and the PA view could not be reproduced due to lack of contrast.

On the lordotic view of the lesion its inferior and medial portions were well defined while its superior and lateral portions were not (Figure 1). A combination of lateral and oblique views, however, obtained after many fruitless attempts, outlined the entire lesion as a sharply defined area of density, with the convexity toward the lung field and the anterior portion flattened against the anterior thoracic wall. The lesion measured 3.25 x 2 cm. (Figure 2). While this resembled the intrapleural sign of Felson, the margins were not tapered and there was no involvement of adjacent ribs. It was decided that a final diagnosis could not be made without removal of the growth.

Surgical Procedure.—After an ineffectual course of antibiotics, bronchoscopy was carried out on September 10, 1962, which was negative.

Submitted to the Publication Committee, February 13, 1963.

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One month later, under endotracheal anesthesia, the right thoracic cavity was entered through the bed of the 5th rib, and the lung field was freed throughout its lateral and superior surfaces. Palpation of the lung parenchyma and hilum disclosed no significant abnormality but inspection of the anterior chest wall revealed a 10 x 5 cm. nodulated, fatty tumor in the subpleural area immediately inferior to the 4th rib. The growth was removed without undue difficulty and the wound was closed. The patient left the operating room in good condition.

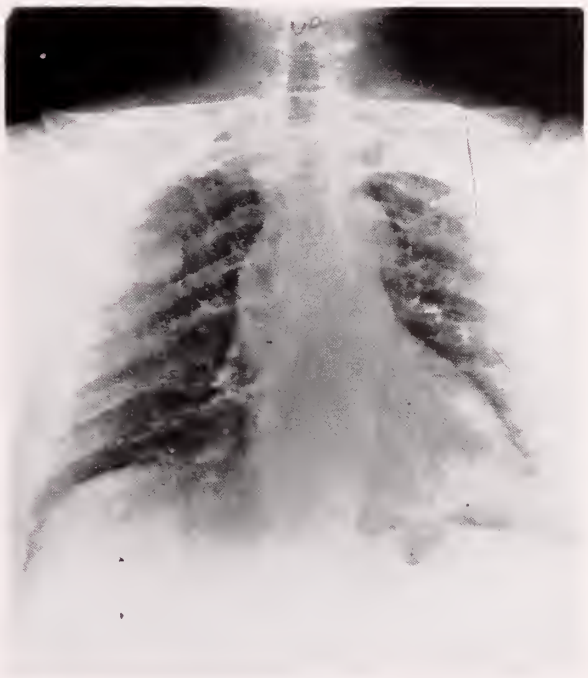


Figure 1

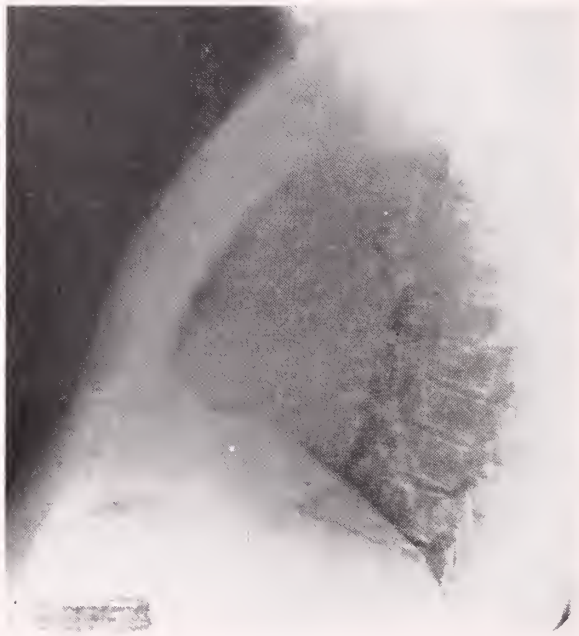


Figure 2

Figure 3

Pathology.—Grossly, the specimen consisted of a 6 x 3 x 2 cm. lobulated, yellow mass which, on section, showed a cystic, red area (Figure 3).

Microscopy showed mature fat cells with some hemorrhage. Bronchial material examined for cytology consisted only of inflammatory cells.

Postoperative Course.—The patient did well postoperatively and was discharged on October 17 in excellent condition, with instructions to resume activity in progressive stages and to return periodically for follow-up. His subsequent course has been uneventful and he remains in good condition.

Summary

A case of rare subpleural lipoma which was parietal is reported. Several unsuccessful attempts were made before the neoplasm was visualized and identified on a combination of lateral and oblique views.

The tumor was removed surgically, with uneventful recovery of the patient.

References

1. Ten Eyck, E. V.: Subpleural Lipoma, Radiology 74:295 (Feb.) 1960.
2. Heuer, G. J.: The Thoracic Lipoma, Am. Surgeon 98:801-819 (Nov.) 1933.

Doctors' Handwriting

"ILLEGIBLE as a prescription" was once a funny phrase. Physicians were supposed to have poor handwriting. Indeed, some doctors boasted of it. But illegibility can be expensive and dangerous. It would be hazardous to read Diphemanil as Diphenadione or to mix up nitrites and nitrates. As for the expense—well Dr. Herman Feldman did a little research on that and scanned the 120,000 orders written in 1962 in the Gary Methodist Hospital. Let Dr. Feldman take it from here.

"It would take 3200 hours to interpret them, if they were all legible. But if they were harder to read it would take 30,000 hours—and the cost difference would be $48,000. In this study, 40 per cent of all orders were illegible."

One unexpected finding was this. Many doctors write their orders while standing—or even while walking. Learning to sit down as you write will noticeably improve the legibility of your script. Better yet, he suggests, try handprinting the orders and prescriptions. With practice a doctor can do legible printing very rapidly.

Of all the preachings that we have had to listen to in the last decade, this would seem to be one of the least important. And yet—by such little things, large troubles may be caused. As Jonathan Swift observed, when he looked at a bit of script, "Whoer writ that, used his hand like a foot."

Let's stop putting our foot in it.—Journal of The Medical Society of New Jersey.

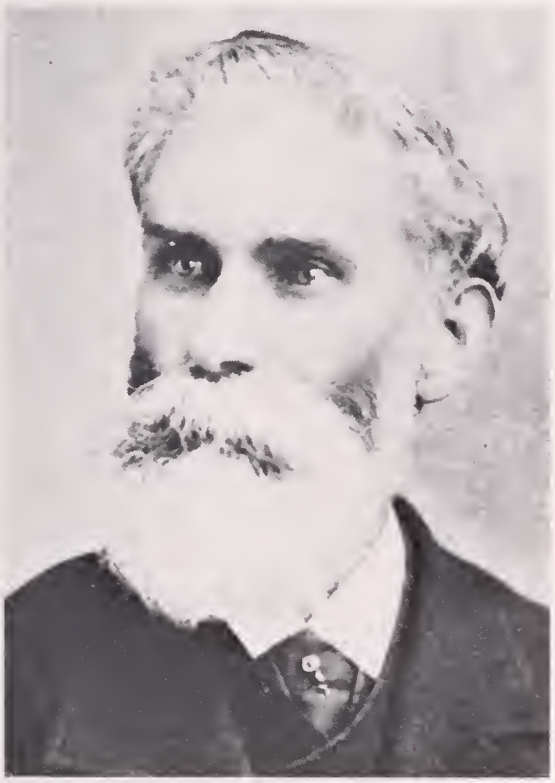
Hugh Workman Brock, M. D.*

(1830-1882)

T. Walley Williams, Ph. D.

In the West Virginia Centennial year, it seems only appropriate that a few words of recognition and remembrance be recorded regarding a gentleman who played a significant role in the state's medical history and who contributed much to the development of West Virginia University.

Hugh Workman Brock, physician, scholar and educator, was born January 5, 1830, at Blacksville, Virginia (now West Virginia). Doctor Brock received his early education at home, in



Hugh Workman Brock, M. D.

private schools and at Monongalia Academy in Morgantown. On graduating from the Academy he began the study of medicine under Dr. Charles McLane of Morgantown, a physician and surgeon of considerable note. The young man then left Morgantown in 1850 to enter Jefferson Medical College from which institution he graduated two years later. On returning to Morgantown he became associated once more with Doctor McLane, this time in the practice of medicine and surgery, an association that lasted amicably until 1874 when he entered into partnership with his younger brother, Dr. Luther S. Brock.

The Author

• T. Walley Williams, Ph. D., Chairman, Department of Microanatomy, West Virginia University School of Medicine, Morgantown, W. Va.

From the time of his return from Jefferson Medical College, Doctor Brock practiced his profession not only in West Virginia but also in neighboring Pennsylvania, frequently going many miles out of Morgantown to administer to patients in need of his services.

His skill, his devotion to his chosen profession and his practice of keeping himself informed regarding the most recent advances in medicine soon brought him no little recognition in his field. With few exceptions he annually attended lectures, hospitals and clinics in New York and Philadelphia, observing medical progress in these centers and keeping in close touch with some of his distinguished former teachers such as Dr. Austin Flint, Dr. Samuel Gross and Dr. Joseph Pancoast.

Personal Attributes

Doctor Brock was a man of strong moral fiber and keen intellect, with an inordinate capacity for work. He possessed a searching mind, carefully observing, noting and absorbing phenomena which piqued his curiosity. Cultured, refined, kind and courteous, he commanded the respect not only of his colleagues and friends but also of the public at large. Inwardly quiet and reserved, not given to outward displays of temperament, Brock was, nevertheless, a man of firm convictions. When he thought it appropriate he was quite capable of taking action against any individual whom he considered unprincipled or unjust. Among traits he could not tolerate in any guise were hypocrisy and quackery. A contem-

*Data for this article were obtained from letters and documents kindly loaned by Mr. Robert L. Brock, Jr., of Morgantown, W. Va., great nephew of Dr. Hugh W. Brock.

Submitted to the Publication Committee, March 2, 1963.

porary, probably his younger brother, Luther, speaks of the effect of Brock's personality on others: ". . . his presence inspired respect, confidence, reverence—effects only heightened by intimate association with him. None testified to this more strongly than the young men who gathered around him, to whom he became preceptor and professional guide."

According to Dr. James E. Reeves, well known contemporary practitioner of Wheeling, Doctor Brock was "closely identified with every step of medical progress in West Virginia." He was indeed much interested in civic conditions and in the social well being of people over the State but he was particularly concerned about sanitary and hygienic conditions in communities and schools. Consequently, he became very active in trying to establish a State Board of Health as a means of elevating the medical profession in the eyes of the public and of giving the people duly qualified physicians and surgeons—to quote Doctor Reeves again.

Hugh Brock was one of the founders of the West Virginia State Medical Association and was honored by being made its president in its second year of existence. He attended its meetings regularly, took part actively in its discussions and was a member of its Board of Censors for many years.

He contributed numerous scientific papers to the medical publications of the day, particularly to the *New York State Journal of Medicine* and to *Transactions of the Medical Society of the State of West Virginia.*

He was appointed a delegate from the West Virginia State Medical Association to numerous national conventions and, in 1881, represented the American Medical Association at the International Medical Congress in London. He was one of the original Fellows of the American Surgical Association, founded in 1880. A singular honor was conferred on him by this distinguished group when, at its request, his portrait was painted and added to the collection of Physicians and Surgeons in the Mutter Museum in Philadelphia. **

Brock's civilian practice was interrupted during the War Between the States while he served with distinction as field surgeon with General Phil Sheridan in the Shanandoah Valley Campaign.

Multifaceted Interest in Medical Science

In addition to his private medical practice, Doctor Brock's interest in the science of medicine as a whole was multifaceted. He acquired an enthusiasm for the study of anatomy during his early student days which remained with him throughout his career. The chemical analysis and microscopic examination of tissue plus practice dissection of any human material he could obtain kept him occupied in most available moments. He possessed also a profound interest in pathology. These interests led him to become a strong advocate of postmortem examinations and animal vivisection when the latter was performed "under the humanest restrictions."

This West Virginia pioneer in medicine was closely identified with West Virginia University from the time of its establishment, taking a vital interest in the many problems facing the young institution, in the caliber of its staff, in its curriculum and in its relation to the people of the State. Brock firmly believed that the University should be progressive in spirit and that its courses of study should be ample. He was appointed by Governor Mathews, in 1887, to serve on the Board of Regents and one year later was elected by the Board to the Chair of Anatomy, Physiology and Hygiene. His particular wish at the time was to create a medical school within the fabric of the University, a wish that, unfortunately, he never saw fulfilled. John Rhey Thompson, D.D., President of the University at the time of Doctor Brock's academic appointments, tells us: ". . . time amply justified the wisdom of these choices . . . I was not a stranger to his desires and methods and plans so far as the University was concerned. He planned for it no narrow, ignorant, illiberal spirit. It was his ambition to see it become a great and famous seat of learning . . . the University may well be congratulated if ever it looks upon his like again."

Hugh Workman Brock, M. D., the father of medical education in West Virginia, died April 24, 1882, of pneumonia contracted during the performance of his professional duties. On a monument erected to his memory in Oak Grove Cemetery in Morgantown, is carved the epitaph: "A Useful Life Ended But Not the Memory of Its Beneficence."

**Doctor Brock's portrait is hung also in a foyer on the fourth floor of the West Virginia University Medical Center's Basic Science Building. Surgical instruments he used during the War Between the States are on display in the museum of the Department of Microanatomy.

Special Article

Guidelines for the Medical Center*

Dr. Paul A. Miller

President of West Virginia University

FUTURE historians of American higher education will find a special delight in the two decades of the fifties and the sixties. The fifties will likely be remembered as the time of pyramiding obligations for American universities, while the sixties may be given to the vital emergence of a new kind of university: one capable of understanding its own immediate community within an enlarged sophistication and view of the world.

During the fifties every American university, including the one I now represent, moved into a new glare of popularity and criticism. I believe it is fair to say that no state university in the land moved so far relatively and so fast as did West Virginia University in the past fifteen years. I say this realizing I had nothing to do with it. It is often necessary to look back to pick up the trend line into the future; for an education institution, it is as necessary as the task of formulating a new mission—something I now am trying to accomplish.

And I am afraid that West Virginia University is not observing most of the charming advice of the indestructible baseball pitcher, Satchel Paige:

"Avoid fried meats which angry up the blood. If your stomach disputes you, lie down and pacify it with cool thoughts. Keep the juices flowing by jangling around gently as you move. Go very light on the vices, such as carrying on in society; the social ramble ain't restful. Avoid running at all times. Don't look back; something might be gaining on you."

Notwithstanding, as I look backward, it is clear to me that the Medical Center of West Virginia University is perhaps the act of greatest scope and fortitude in the history of West Virginia and the largest single commitment to serve West Virginians on the part of its State University. To be sure, as all truly great leaps of human endeavor, the Medical Center called forth the best and sometimes the worst that was in us. If the Center were to stand for nothing else, it would symbolize how the hardiest people of our land went deeply into themselves for the capacity, as laymen and as professional people, to push aside the accumulated frustrations, the bitterness, and the empty objectives of sectionalism, in order to recognize and to advance the best interests of the people as a whole. The University, as have I, feels the gravity of the immense responsibility which this recent heritage has given us. At the same time, just as the University is the possession of the people—all the people—of this State, this commitment is binding upon us all.

It was a moving experience for me, while looking back to that controversial document naming a site for the Medical Center, by the concluding, brief, and unpretentious statement of a Governor of this State. It was this: "It is now my sincere prayer that someday we will have within our borders one of the most outstanding medical schools in the entire United States." What he seems to have been saying was, now the messy task is done and let's get on with the really important work at hand.

Growth of the Medical Center

And it has been important work that the last decade has brought about! Only six years ago the Basic Science section became operational. Now there are more than 600 students—from 53 of the State's 55 counties, 23 other states and five other countries—studying medicine, dentistry, nursing, pharmacy, dental hygiene, medical technology and graduate subjects in the health sciences.

Since 1961, the staff in medicine has grown from 84 to 127, including physicians in more than twenty specialties. Faculty research grants in medicine now total almost $1 million per year for research in several areas, including cancer, heart disease, tuberculosis and other lung diseases.

The University Hospital, opened three years ago, has treated more than 25,000 patients. Even so, there is a backlog of clinical material because all facilities have not been staged into full opera-

*Presented before the first general scientific session, designated as "West Virginia University School of Medicine Day," during the 96th Annual Meeting of the West Virginia State Medical Association at The Greenbrier in White Sulphur Springs, August 22, 1963.

tion. Of its capacity of 520 beds, 305 are in use. Twenty-three of every 25 beds are usually filled. Staging in of more beds will continue next year and full operating capacity is expected to be reached in early 1965.

Patients have been referred to the Hospital from all sections of West Virginia. On one day last month, patients from 37 of the 55 counties were in the Hospital; on another, 39 counties were represented. The record of the Hospital shows other interesting facts: more than 25,000 emergency room patients; 6,000 surgical operations; nearly 1500 births.

All of this stands as evidence of the referrals cooperation which the Hospital is enjoying, and the members of the medical profession are to be commended for this fact.

Even so, I hope we may count on still more help. We need to encourage qualified young West Virginians to enter the practice of medicine. This year, for instance, while more than 1,000 out-of-state students requested applications for admission to the School of Medicine, 122 applications were received from West Virginians.

A similar need exists with reference to the other health sciences. Moreover, I hope you will more fully and strongly join with us in helping our people to understand that the Medical Center must first of all be dedicated to education and research. Already, the tendency to view the Center as a public service station blurs its primary responsibilities, and the too heavy burden of costs for medical indigents finds us subsidizing welfare services with resources allocated for educational purposes.

'Dust of Newness is Settling'

To this point in my remarks I have indicated that the dust of newness is settling around the Medical Center. We owe much to such leaders as Vice President Penrod, Dean Sleeth and his fellow deans, those faculty members from everywhere who have forthrightly cast their lots with us, the various visiting committees, all of whom have put the Medical Center together as a total enterprise.

Just now our eyes are lifting from the meticulous and complex launching to the longer run ideals which will distinguish the Center as a searching, active force within the State and in the larger community of the health sciences in this country. Accordingly, in the next year, intensive planning will be put under way to reveal these ideals. Some possible guidelines for this follow:

First, recognizing that a medical center is one of the most complex organizations through which professional men and women exert their talents on behalf of others, it is imperative that distinctive and unified principles come to unify the directions, the hopes, the communications, and the cooperations amongst all the many parts of the Center. In short, what are the chief aims of the Center, now that it is off the ground and moving well? For it is around such aims that the medical disciplines, clinical specialties, nursing services, ancillary programs, teaching, research, duties on the campus and duties off the campus, may come to a spirit of common purpose. At the same time, the Medical Center must continue, and always more so, as a dynamic part of West Virginia University. The University as a whole has much to gain from the vigor and the devotion to duty of the Medical Center; and the Center could not be truly one without the constant vitality of the academic community.

Second, the destiny of the Medical Center can never be justified solely by the number of graduates in the health professions who go out into the State to practice their professions, but by the impact that the total range of programs—in education, research, and public service—will have on the entire level of medical and health care, on the vigor of our community health institutions and agencies, and on the continuous opportunities for enrichment and growth which the Center may come to increasingly provide to professions such as your own. It pleases me more than you know to report that a new appointment has just been made this week, and effective September 1, which should build the bridge between your profession and the Center more strongly. Dr. James E. Dyson, Jr., now at the University of Kansas and formerly of our own faculty, is just now completing a year of study in medical communications. We shall look to him to give early leadership to expanding and strengthening postgraduate programs for practitioners.

Third, and this is where a broad partnership of the health services is needed, we must call out more strongly than we have about the importance of health problems and services to the social and economic development of the State. As West Virginia keeps working at finding the strategic courses of action to its development, the Medical Center must give leadership to pointing out and working upon such issues as our poor relative position in unmet medical needs, the fact that we do not have enough physicians, dentists, and nurses, and that many smaller communities are unable to find even one physician to serve them. At the same time we should not overlook the visible movement forward in West Virginia; certainly we are better off than ever in many aspects

of health services—reflecting the work of local leaders and the medical profession.

Fourth, while recognizing as I do that the Medical Center of West Virginia University was established to serve the people of the State through education and research, thought must also be given to those particular models of curriculum and lines of research investigation which will grow naturally from the nature of illness in our larger community and thereby give the various schools and departments of the Center a unique place among the other seats of academic excellence in the medical field. Since our Center is new, we are uniquely able to strike out upon fresh new ground.

Finally, you will have already noted my emphasis on a view of the Medical Center not only as a training ground for young physicians but also as a moving force in the life of West Virginia and beyond. College and university presidents are men noted for their eccentricities, and I have some of my own with reference to this job. Regardless of location and past points of controversy, West Virginia University is the State's only statewide university. I intend to make it more so, to help it touch more directly and generously the lives of our people in every nook and cranny of the State. This is why the Appalachian Center was recently organized, that we might commit ourselves to a more dedicated mission of building West Virginia. The Medical Center will be a vital part of this as the University works hard these days to be an active, dynamic, hard-working, growing place. It is in this sense that I am proud to join with my colleagues from the faculty on this School of Medicine Day, as they—some nine or ten of them, I believe—share reports with you about their specialties.

Service to the People

I'm grateful for this opportunity to make these remarks before you as representatives of the medical profession of our State. If they in some small way will contribute to the fellowship which we have with you, then the people will have been served. For service to the people is why we are really here. The Medical Center is a new vehicle in our midst to help us join hands in this service. And might we do it with compassion: for those children of the highlands who have the look of half-health about them; for all our people who have been pushed aside from the main stream of American productive life; for all those who will never know the delights of the beautiful Greenbrier. In these days, when academic men as I represent and professional men as you represent may be tempted to selfish gain and to vindictive jealousy of each other, such compassion will surely be to our everlasting credit.

The Coronary — Living

When Prevost and Battelli introduced the electric shock method for defibrillation of the heart in 1898, the importance of the method was not recognized. When the first human heart was successfully defibrillated in 1947 and again in 1955, the importance of these accomplishments was not recognized. They were applications of the resuscitation technique.

At the present time the resuscitation technique has widespread application. Nonmedical personnel are applying it with success. In time, almost everyone will know how to do it. Emphasis is on the technique. It must be done right—like learning a new dance step. Deeper reference of this technique to medical science has not yet been made. Each reversal is treatment—treatment of the coronary-dead. This is medicine's greatest contribution to coronary disease so far in history. The dead are made to live again. How is this related to the living—treatment of the coronary-living?

Medical science has the answer for the coronary-living with good hearts. The death factor is mobile. It can be brought on; it can be reversed; its appearance can be delayed or prevented. The first two of these mobilities are verified by vision. The third mobility is denied because continuity of life lacks the signal of death. But the science is there. The good heart electrocutes itself because of uneven blood supply to different areas of heart muscle. When oxygenation of heart muscle is uneven, then permeability of cell membranes is uneven and an unstable electrical state is produced. A more even blood supply to heart muscle makes the electrical state more stable. This can be accomplished by intercoronary collaterals and these can be produced by surgical operation designed for this purpose. For the heart not severely damaged by disease, these collaterals are life saving.—Claude S. Beck, M. D., in The Pennsylvania Medical Journal.

The President's Page

What the County Medical Society and The State Medical Association Do For YOU.

It has become apparent to your president that some information and instruction for individual physicians is needed to acquaint them with some of the more important facts and ways in which the County Society and State Medical Association are of value to them. This was determined through contacts with physicians and with the officers of the county medical societies throughout the State. To many, this may seem superfluous, but it is a real question for many other members of the medical profession. I suggest that the executive committees of the county societies implement a program of education.

The following are some of the ways by which the individual physician is helped by Organized Medicine:

(1) Meetings at the county and state level give you the right and provide a hearing place for you to express your opinions on matters vital to your professional and financial future.

(2) Presents scientific sessions to further your medical knowledge.

(3) Provides the opportunity for you to obtain reduced rates in the purchase of various kinds of insurance.

(4) Discusses on a state-wide basis mutual problems with health departments, hospital councils, nurses groups, pharmaceutical and legal associations, as well as ancillary health agencies.

(5) Offers guidance to members on ethical problems which may arise.

(6) Provides a hearing place for charges of alleged professional or patient misconduct.

(7) Maintains continual watch over bills introduced in Congress and the State Legislature; supports or opposes bills in the best interest of the medical profession and the public; and initiates bills as necessary.

(8) Negotiates fee schedules on a state-wide basis for Medicare, Workmen's Compensation, Medical Welfare Plans, etc., to protect the right of the physician to establish his own fees.

(9) Offers programs, information and educational measures which represent you, and which add up to well-informed public relations emanating from the Medical Association offices.

(10) Makes you a subscriber to The West Virginia Medical Journal.

(11) Encourages the physician as an individual to participate with civic groups, clubs, and to enter into other public service activities.

There are many additional ways by which the individual physician may be helped as a result of the efforts of organized medicine. Proper orientation of all interested parties as to purpose and desire is of great importance.

Charles L. Goodhand

Charles L. Goodhand, M. D., President

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EDITORIALS

THE PHYSIOLOGY OF TASTE AND SMELL

Oftentimes there appears to be uncertainty in the physiological evaluation between the senses of taste and smell. This is of practical clinical importance since the loss of smell is not uncommon. There is, of course, no question but that taste and smell are separate properties, for it is known that the areas in the brain concerned with the reception of stimuli from the organs of taste and smell are different. Furthermore, some substances, such as quinine have an extremely bitter taste, but have no smell, at least that can be detected by man.

One reason that confusion may exist in differentiating between smell and taste is that certain substances have both smell and taste. The lack of a barrier between the taste receptors on the tongue and soft palate, and the olfactory reception of the nasal epithelium makes it difficult to distinguish between taste and smell. The threshold concentrations required for smell, however, are much lower than those of taste. In point of fact, the presence of substances, such as synthetic musk, or vanillin, the active principle of vanilla, may be detected in extremely low concentrations indeed. It has been calculated, for example, that musk may be detected in one part in ten trillion.

Clinically the sense of smell is lost more often than taste. The former named sense may be lost following an injury to the frontal lobes of the brain, such as following a skull fracture. The sense of smell may return following such an injury, but occasionally it may be lost permanently.

Such a loss of smell may produce considerable mental distress, since from childhood on man is conditioned to many odors. The sense of smell is important to all, but perhaps especially to women. It has been pointed out that 82 per cent of the women in the United States use perfume, and in France the figure is even higher, 98 per cent.

Probably the loss of smell is felt the most keenly during eating. The patient misses the savory odor associated with food, and complains that all food tastes alike. Such a person can be shown, however, that his sense of taste is still functioning. This can be readily demonstrated to him by applying a sweetened solution to certain areas on the tongue and the soft palate.

It is not meant to imply that the loss of smell is not a disagreeable experience, but it can be explained to the patient that the sense of taste is not lost, and this should, in a measure at least, help him adjust himself to an unpleasant situation.

GENERAL NEWS

258 Attend Rural Health Conference At Jackson's Mill on Oct. 3

The 16th Annual Rural Health Conference, held at Jackson's Mill on October 3, was enthusiastically received by the 258 persons who attended.

The one-day meeting was divided into three segments—the Kanawha Medical Society's intensive study of disability among one group of welfare recipients,

Dr. Charles L. Goodhand of Parkersburg, center, President of the State Medical Association, is shown with Drs. Charles E. Staats and Edwin M. Shepherd of Charleston at the 16th Annual Rural Health Conference at Jackson's Mill on October 3. Doctor Staats was the presiding officer and Doctor Shepherd a speaker at the morning session.

the "Medical Self-Help" program, and a panel discussion on "The Community's Health Needs and Resources."

The West Virginia State Medical Association sponsors the conference annually under the auspices of its Rural Health Committee, with the full cooperation of the West Virginia Home Demonstration Council, the West Virginia Farm Bureau, the State Department of Health, the West Virginia Congress of Agriculture, and the Agricultural Extension Service of West Virginia University.

Doctor Staats Presiding Officer

Dr. Charles E. Staats of Charleston, the presiding officer, called the meeting to order at 10 A. M. The invocation was given by the Rev. John W. Hollister, Pastor of the Lewisburg Methodist Church.

Drs. Edwin M. Shepherd and Thomas S. Knapp, both of Charleston, were the speakers at the morning session.

Dr. Charles L. Goodhand of Parkersburg, President of the State Medical Association, delivered an address of welcome at the opening of the afternoon session.

Dr. John A. B. Holt and Mr. Paul D. Kates, both of Charleston, discussed the "Medical Self-Help" program in West Virginia.

Participating in the panel discussion on health needs and resources in the community were Mrs. J. P. Neff of Sinks Grove, Monroe County, Chairman of the Health and Nutrition Committee of the West Virginia Home Demonstration Council; State Director of Health N. H. Dyer and Dr. Clark K. Sleeth of Morgantown, Dean of the West Virginia University School of Medicine. Miss Gertrude Humphreys of Morgantown, State Extension Home Demonstration Leader, served as moderator.

'Idleness is a Disease'

Drs. Shepherd and Knapp discussed in depth the Kanawha Medical Society's study of men from that county who receive Aid for Dependent Children from the Department of Welfare on the basis of disability.

They are members of a special committee which conducted the survey of 329 men at the request of the State Department of Welfare. This effort was so successful that the Legislature, acting upon the recommendation of Governor W. W. Barron and the medical profession, appropriated $130,000 during its 1963 session to extend the pilot study to other areas of the State during the coming year.

One of the features of the morning session was a film, "Idleness is a Disease," which was produced for showing on television stations throughout the State. In this film, one of the men on the disabled list was interviewed by Doctor Knapp, who later discussed the problems faced by this man and others who have been idle for periods ranging from months to years.

Address by Dr. Charles L. Goodhand

Dr. Charles L. Goodhand of Parkersburg, President of the State Medical Association, was introduced by Doctor Staats and delivered a short address of welcome at the afternoon session.

Doctor Goodhand told the conferees that the State Medical Association is vitally interested in rural health, "especially problems having to do with the shortage of physicians in rural areas and smaller towns."

"There is no easy solution to this problem because it involves many factors of a socio-economic nature. It is sharply influenced by increasing automation in the coal mines with resulting job shortage, decreasing

farm acreage, a lack of other job opportunities to take up this slack, a comparative failure of rural educational facilities to meet the challenge of increased demands, and improvement in communications with the larger towns and cities."

Doctor Goodhand cited significant steps which the State Medical Association and organized medicine have done and are continuing to do to help alleviate this physician shortage. These include:

Active help and planning in the change from a two-year to a four-year School of Medicine at West Virginia University; an integral part in the construction of the new Medical Center; establishment of scholarship and loan funds for medical students needing financial assistance; the American Medical Association Loan Fund which has been very actively used; issuance of many permanent and temporary licenses to graduates of foreign medical schools; encouragement of out-of-state physicians to come to West Virginia to practice; and encouragement of accredited hospitals within the state to enlist their intern staffs from the WVU School of Medicine.

'Medical Self-Help'

Doctor Holt, who served for several years as chairman of the State Medical Association's Committee on Medical Emergencies and Civil Defense, and Mr. Kates, Program Consultant of the Bureau of Health Mobilization of the State Department of Health, discussed West Virginia's "Medical Self-Help" program which is of vital importance to all citizens in the event of a national emergency.

A display of the materials now available for instruction in this field was prepared by the speakers and each presented in detail the methods of instruction and background of this program.

Panel Discussion

Members of the panel emphasized the need for utilization of local resources to provide for the various health needs in the community.

Mrs. C. C. Long of Ozark, Arkansas, right, Rural Health Chairman of the Woman's Auxiliary to the American Medical Association, is shown with Dr. and Mrs. J. C. Huffman of Buckhannon at the Rural Health Conference. Mrs. Huffman is National Regional Chairman of Rural Health.

Doctor Dyer discussed the "Role of Public Health Services in Rural Health." He said that West Virginians are moving from the urban areas to more rural locations, a shift that is commonly known as the "urban sprawl," making it difficult to determine a dividing line between the urban and rural or semi-rural areas.

He cited a recent State Department of Health survey of 10 counties in the Southern section of the State in which many significant needs were found. These needs, coupled with the shifting population make solution of the problems encountered more difficult. To counter this, Doctor Dyer said that public health services must be modified and new patterns and techniques explored.

Dean Sleeth said that rural leaders should show an interest early in young men and women who enter the health field "in order that they might become interested in returning to you when they complete their training."

Dr. Vernon L. Dyer of Petersburg, left, West Virginia's "General Practitioner of the Year" for 1963, had as his guest at the Rural Health Conference the Hon. Larkin B. Ours of Doreas, a member of the House of Delegates from Grant County.

In the other picture is the panel which discussed "The Community's Health Needs and Resources" during the afternoon session. Its members, left to right, were State Director of Health Dr. N. H. Dyer, Dr. Clark K. Sleeth, Dean of the West Virginia University School of Medicine, Mrs. J. P. Neff of Sinks Grove, Monroe County, Chairman of the Health and Nutrition Committee of the West Virginia Home Demonstration Council, and Miss Gertrude Humphreys of Morgantown, State Extension Home Demonstration Leader.

Pre-Paid Health Care Proposals Under Study By Legislative Sub-Committee

Several representatives of the West Virginia State Medical Association attended a meeting of the Legislature's Sub-Committee on Corporate Medical Practice which was held at the Capitol in Charleston on September 24.

The interim sub-committee has under study proposals pertaining to pre-paid health care plans. Bills of this nature were vigorously opposed by the Association and died during the 1963 session of the West Virginia Legislature.

The chairman of the Sub-Committee is Sen. William A. Moreland of Morgantown, who introduced the measure last January.

Serving as chief spokesmen for the Association at the Sub-Committee meeting were Drs. Joseph L. Curry and Stephen D. Ward of Wheeling.

The complete text of the Association's testimony follows:

We are pleased to begin our testimony by making note of the fact that this year, in contrast to last, we have been invited to give our views on pre-paid health care legislation prior to the introduction of a bill in our Legislature.

In the intervening months since adjournment of the 1963 session of the West Virginia Legislature, members of our committee have continued to meet, discuss and reflect on last year's pre-paid health care proposals. Today we find the bills no more acceptable from the standpoint of protection to subscribers than we did in January and February of this year.

In order to protect the subscribers, the following points represent the absolute minimum of safeguards and requirements for any pre-paid health care bill. Anything less would fail to insure protection of the rights, freedoms and privileges of subscribers.

(1) Any pre-paid health care plan must be a *bonafide consumer-sponsored plan.* We will continue to object strongly to any provision in a bill such as Section 13 of the recently defeated bills which would allow a fourth party such as a labor union, company or even the government to become the sponsor, thus enabling them to control arrangements with the plans themselves. In short, there must be no automatic check-off arrangement for payment of premiums.

The consumer must be made aware of the specific cost of the plan which he personally chooses. The basic right and freedom of a beneficiary to withdraw from or change plans must be protected. This right must not be violated by the whim of a union, company or government official.

(2) In the best interest of the health and welfare of the subscribers, local doctors and other recognized authorities in the health care professions must be represented on the directing board of any pre-paid health care plan. Section 4 of the defeated bills specifically prohibits such representation.

Physicians do not wish to *control* any such plans as has been maliciously alleged. However, physician representation on such boards should comprise no less than one-third the total number of board members. To follow previous experiences and suggestions from many counselors, there should be one-third public representation, one-third hospital representation and one-third physician representation on such directing boards.

(3) Specific guidelines must be established to provide direction for the Insurance Commissioner in his function of approving or disapproving all proposed plans and contracts. The Insurance Commissioner may be an extremely capable individual who knows all about insurance but very little about health care problems.

(4) Individual contracts submitted to subscribers must specifically and clearly state:

(a) The exact nature of the benefits to be furnished; and if there are any benefits to be excluded, a detailed statement of such excluded benefits must be clearly indicated.

(b) A statement of the terms and conditions, if any, upon which the contract may be cancelled, at the option of either party.

(c) Details concerned with age limits, conversion privileges, grace periods, renewal options, etc., must be spelled out in detail.

(5) Every plan must be covered by all insurance laws and regulations and must be required to maintain adequate reserves so that subscribers will indeed be assured of receiving all promised benefits.

(6) Every subscriber must be clearly and unequivocally informed of the initial costs of all services to be provided. Provisions for informing subscribers of any proposed premium increases or decreases must be clearly delineated.

A number of reasons have been given by proponents of this legislation for the pressing urgency of such a measure at this time. We feel it is time to put all the cards on the table and make public the real issues involved. To do this will require a review of the history of agitation for SB 68 and HB 274 and comments on previous witnesses before this Committee.

The first we or anyone outside of the "inner sanctum" knew of plans for SB 68 and HB 274 was a newspaper story appearing in the *Wheeling News Register* on September 16, 1962. This article indicated that a steering committee had met in Morgantown several days before in order to shape plans for passage of a

bill to legalize pre-paid health care programs in West Virginia. Many citizens questioned the nature of the proposed bill since pre-paid health care plans and group medical practice had already existed in this state for many years, many of which were established by affiliate societies of the West Virginia State Medical Association. This same newspaper article announced that the proposed new health care bills were being backed strongly by the United Mine Workers of America.

After a number of exchanges via news releases between spokesmen for the bill and the West Virginia State Medical Association, during which the State Medical Association demanded that health care associations be heard from, a closed meeting was arranged between the Senate sponsor and representatives of the State Medical Association. This meeting took place on January 23, 1963. To our knowledge, no representatives of the Hospital Association, Nursing Association or other health care professions were invited. To our surprise, the Senator was accompanied by only two persons, both of whom were physicians in the employ of the United Mine Workers of America. These two gentlemen spoke in behalf of the pre-paid medical care bills in question.

At the open legislative hearings held in Charleston in February, 1963, prominent among those present and testifying in favor of the proposed health care legislation were additional persons employed by or having affiliation with the United Mine Workers of America.

Following the defeat of the proposed bills in February of this year, an Interim Committee was formed to make a continuing study of any problems in the pre-paid health care field. You gentlemen, of course, comprise the committee.

From published newspaper accounts of your meetings in recent months, we find that the United Mine Workers of America has already been well represented.

From the foregoing, it is perfectly apparent that the real push for this legislation is and has been coming from the United Mine Workers of America. The question is—Why?

As we have already indicated, representatives of the United Mine Workers of America were a principal driving force behind efforts to pass a pre-paid medical care bill in West Virginia earlier this year. We would like to point out some pertinent data about previous United Mine Workers of America ventures into the medical field.

Most union pension plans are operated on an actuarial basis with trust funds large enough to finance the promised benefits for the lifetime of the retired workers involved. The United Mine Workers of America Welfare and Retirement Fund, however, was set up on a pay-as-you-go basis without accumulating large reserves.

Because of this omission, the following has occurred:

(1) Medical benefits to miners and their families have been sharply curtailed.

(2) An estimated 7,000 widows have not received the $500 death benefits when their miner husbands died.

(3) United Mine Workers hospitals are in deep financial difficulties—four had to be sold by July 1, 1963. As you may well know, such a transaction was consummated with the United Presbyterian Church with the aid of Federal funds from the Area Redevelopment Administration.

(4) The $100-per month pensions of hard coal miners were cut to $30.

(5) The $100-per month pensions of soft coal miners were cut to $75.

These events prompted the hard coal miners to file suit on March 11—against their own union!

The same union organization as demonstrated had the temerity to urge West Virginia citizens to accept another financially unsound scheme for pre-paid health care programs during the 1963 session of the State Legislature and continues to push for such legislation at this time. They have insisted upon passage of a bill that would allow pre-paid medical plans which would not require maintenance of reserves on an actuarial basis or which would operate under insurance laws of the State.

The alleged intent of the United Mine Workers of America officials in pushing for passage of this *non-consumer-sponsored,* pre-paid health care plan of the type in question is to provide medical care in rural areas where there is a shortage of doctors. In our opinion, it now becomes crystal-clear that the true intent of the legislation is to gain control of the health care program from those directly concerned with its implementation and use, to alleviate the United Mine Workers of America welfare and retirement burden.

We challenge the UMWA and other proponents to disclaim this charge by simply agreeing to the exclusion of Section 13 in the previously defeated bills. This would then make them bona fide "*consumer-sponsored*" plans.

Section 13 would allow unions, management or even the government to become the sponsor, thus acting as a fourth party controlling arrangements with the plans themselves.

Such an arrangement would then allow the UMWA to unload their huge administrative costs on others, at the same time maintaining control over the choice and payment of services for their own beneficiaries.

Let us make it perfectly clear that the West Virginia State Medical Association is not opposed to the United Mine Workers of America and its members and never has been. However, we remain steadfastly opposed to the unsound programs of UMWA officials which have resulted in enormous pension fund losses to retired coal miners and their widows with a constantly diminishing range of hospital and medical services to beneficiaries.

Now let us turn to the concern expressed about the physician shortage in certain rural areas of this state. We have maintained in prior statements that no pre-paid health care plan offers any long-range solution to this problem.

Scarcity of optimal numbers of physicians and health care facilities in rural areas is a complex socio-economic problem influenced by declining coal consumption and farm acreage, changing industrial technology, improvement in transportation and communications and even failure of rural educational facilities to keep pace in the face of the space age emphasis on the importance of educational opportunity.

The West Virginia State Medical Association five years ago faced this problem and embarked on a grass roots solution to it. Physician members of this organization yearly demonstrate their sincere application to a solution of this problem through their voluntary personal contributions to scholarship funds for worthy and able West Virginia students attending the School of Medicine in Morgantown. Because of the long time period involved in the training of physicians, it requires many years for such a program to produce an increase in the number of doctors in rural areas.

To cite just one example of the effectiveness and wisdom of such an approach, let us look at what has happened in our neighboring state of Kentucky. This state is, of course, faced with almost exactly the same socio-economic problems as we have in our own West Virginia. The Kentucky State Medical Association in 1948 began student scholarship loan programs supported by contributions of doctor members. Since 1948, 136 students have been trained with these funds. A rural incentive plan was created which cancelled the loan debt if the doctor remained in rural practice for five years. The brilliant success of this program instituted by the State Medical Association in Kentucky may be outlined briefly as follows:

(1) Sixty per cent of these doctors remained in practice in the rural areas after five years.

(2) After ten successful years, citizens of Kentucky in 1958 approached the State Legislature which willingly approved a $50,000 a year allotment for continuance of the program, thus assisting the voluntary contributions of physicians.

(3) At this time there are enrolled in the two Kentucky medical schools at Lexington and Louisville 50 students under this program. The fact that there are 29 students in the sophomore and upper classes with 21 in the freshman class indicates the obvious growing success of the program.

In the last State Legislative session earlier this year the House of Delegates approved 98-0 a medical scholarship plan designed to attract young physicians into rural areas in our State. The students could receive up to $7,000 on the condition that after completing their training they would complete five years of practice in a rural community with under 5,000 population or repay the money. However, this bill did not pass both Houses to become law. In the light of evidence just presented, we would strongly support and encourage similar measures at this time as a realistic and long-range solution to the problem.

Following a hearing of this Sub-Committee, there appeared in the *Charleston Daily Mail* on Wednesday, August 14, 1963, an account of an interview with a

Mr. Paul D. Kates of the State Department of Health, left, and Dr. John A. B. Holt of Charleston, discussed West Virginia's "Medical Self-Help" program at the 16th Annual Rural Health Conference at Jackson's Mill on October 3.

person who has consistently supported the UMWA position. We quote from this article:

". . . the basic opposition to the idea stems from medical societies at the 'grass roots, county level where the dollar is involved'."

". . . the W. Va. State Medical Association— which fought the 1963 legislative proposal—will be opposed to group practice 'as long as the dollar control is taken away from it'."

We find it difficult to believe that anyone would stoop to such completely unjustified and unfair tactics. Surely, the West Virginia State Medical Association should not be expected to tolerate such undeserved abuse. We submit that up to this point we have stuck to the issue at hand in a completely fair and objective manner. We have refrained from making comments about personalities, but our patience has been sorely tried.

In summary, the West Virginia State Medical Association will continue to support pre-paid medical care legislation, provided consumer and provider interests are adequately protected. We will not abandon our responsibilities to the citizens of West Virginia, nor will we sit idly by and tolerate a take-over of any part of the health care field by any group, whether it be union, management or government.

ACCP Course in New York, Nov. 11-15

A postgraduate course on "Recent Advances in the Diagnosis and Treatment of Diseases of the Heart and Lungs", sponsored by the American College of Chest Physicians, will be held at the Barbizon Plaza Hotel in New York City, November 11-15.

The registration fee is $75 for ACCP members and $100 for non-members. Further information may be obtained by writing to the American College of Chest Physicians, 112 East Chestnut Street, Chicago 11, Illinois.

Dr. E. J. Van Liere Participates In Biological Conference

Dr. E. J. Van Liere, Dean Emeritus and Professor of Physiology at the West Virginia University School of Medicine, participated in a special biological conference at Bethesda, Maryland, September 23-24.

The conference was sponsored by the Federation of American Societies for Experimental Biology and was conducted for the Life Sciences Division, U. S. Army Research Office.

Military officials were interested in finding out two basic things: (1) Some of the biomedical problems that may arise when soldiers are required to perform military tasks at altitudes of 10,000 feet or more; and (2) The relative advantages of various regions of the world where high altitude scientific investigations might be carried on successfully.

Doctor Van Liere, a member of a committee to consider these topics, has carried on an active research program for over three decades as to the effects of high altitude on animals and other related problems.

Centennial Coins To Be Withdrawn From Banks on November 30

The West Virginia Centennial Trade Dollar, minted in a limited number to commemorate the State's 100th birthday, will be withdrawn from participating State banks on November 30.

The plastic coins have been distributed by the West Virginia Junior Chamber of Commerce through the cooperation of leading banks and business establishments in support of the Centennial observance.

The coins may be purchased for $1 each and are redeemable in cash on or before November 30, 1963. Further information may be obtained by writing to the West Virginia Centennial Commission, 1608 Kanawha Boulevard East, Charleston 5, West Virginia.

New Member of Board of Health

James L. Foster of Bluefield, Administrator of the Bluefield Sanitarium, has been appointed by Governor W. W. Barron as a member of the West Virginia Board of Health for a term ending June 30, 1966.

He will fill the unexpired term of James E. Huson, formerly superintendent of Camden-Clark Memorial Hospital in Parkersburg, who resigned.

PG Course In Internal Medicine

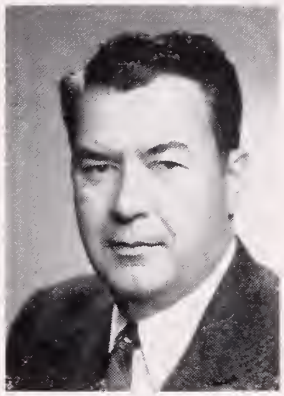
The Cleveland Clinic Educational Foundation will present a postgraduate course on "Recent Advances in Internal Medicine" in Cleveland, November 13-14.

The registration fee for the two-day course is $30 and it will be limited to 125 participants. Further information may be obtained by writing Dr. Walter J. Zeiter, Director of Education, The Cleveland Clinic Educational Foundation, 2020 East 93rd Street, Cleveland 6, Ohio.

17th Annual AMA Clinical Meeting In Portland, December 1-4

Dr. Charles A. Hoffman of Huntington and Dr. Frank J. Holroyd of Princeton will represent the West Virginia State Medical Association at the 17th Annual Clinical Meeting of the American Medical Association in Portland, Oregon, December 1-4.

Drs. Hoffman and Holroyd are the official delegates from the State Medical Association and will attend



Charles A. Hoffman, M. D.

Frank J. Holroyd, M. D.

all sessions of the AMA House of Delegates. Dr. D. E. Greeneltch of Wheeling and Dr. Thomas G. Reed of Charleston are the alternate delegates.

More Than 7,000 Expected

More than 7,000 persons, half of them physicians, are expected to attend the meeting. General headquarters for the meeting will be the Portland Hilton Hotel. General registration, nearly all of the scientific sessions and scientific and industrial exhibits will be held in Portland's new Memorial Coliseum.

Dr. Otto C. Page of Portland, chairman of the committee on local arrangements, has announced that lectures, panels, symposia and breakfast roundtables will be presented on specially selected topics, as well as color television and medical motion pictures.

More than 100 papers will be presented during the four-day meeting and more than 200 scientific and industrial exhibits will be on display at the Coliseum, many of which will be based on new scientific research.

Symposium on Adolescent Patients

One of the features of the meeting will be a symposium on "Practical Approaches to Everyday Problems in Adolescent Patients." Evaluation of the adolescent patient will be discussed by Dr. Frank H. Douglass of Seattle. Other subjects and the speakers include:

Dermatology, Dr. J. L. Fromer of Boston; nutrition, Dr. Felix P. Heald of Washington, D. C.; growth, Dr. Solomon Kaplan of Los Angeles; gynecologic disorders, Dr. Janet McArthur of Boston; social habits and delinquency, Dr. Adolph Christ of Seattle; and the adolescent athlete, Dr. Donald B. Sloxum of Eugene, Oregon.

57th Southern Medical Meeting In New Orleans, Nov. 18-21

Leading physicians from all over the United States have accepted invitations to appear as guest speakers on the program for the 57th annual meeting of the Southern Medical Association which will be held in New Orleans, November 18-21.

Albert C. Esposito, M. D.

Dr. Albert C. Esposito of Huntington, president elect of the West Virginia State Medical Association, will represent West Virginia as Councilor at the four-day meeting.

Doctor Esposito also is Chairman Elect of the SMA Section on Ophthalmology and Otolaryngology and will serve as a discussant for a paper on "Management of Intraocular Foreign Bodies" to be presented by Dr. Luther C. Sappenfield, Jr. of Durham, North Carolina.

Dr. H. Charles Ballou of White Sulphur Springs serves as Secretary of the Section on Industrial Medicine and Surgery.

Three Symposia Highlight Sessions

Three well-planned symposia will highlight the meeting—one on organ transplantation led by Dr. Clifford C. Snyder of Miami, and featuring such experienced men in the field as Drs. Charles C. Sprague and Charles DeWitt of New Orleans; James D. Hardy of Jackson, Mississippi; David M. Hume of Richmond, Virginia; and Thomas E. Starzl of Denver.

A second symposium on thermal modalities in medicine, arranged by Dr. Benjamin F. Byrd, Jr., of Nashville, will have the following participants: Drs. John Adriani of New Orleans; N. C. Hightower, Jr., of Temple, Texas; Curtis P. Artz of Jackson, Mississippi; John E. Adams of San Francisco; and Arlie R. Mansberger, Jr., of Baltimore.

The third symposium, concerned with the relationship of enzymes and viruses to cancer, will be headed by Dr. Murray M. Copeland of Houston, Texas. It will feature Drs. W. Ray Bryan of Bethesda, Maryland; Leon Dmochowski of Houston; James T. Grace of Buffalo, New York; and Felix Wroblewski of New York City.

Full Schedule of Closed Circuit TV

A full schedule of closed-circuit color television programs has been arranged for the Sections on Ophthalmology and Otolaryngology, Gynecology and Obstetrics, Surgery and Pathology, Plastic and Reconstructive Surgery, Proctology, Pathology, Gastroenterology and Proctology, and Dermatology.

Dr. Daniel L. Sexton of St. Louis, Missouri, is president of the Southern Medical Association. The president elect is Dr. Robert D. Moreton of Ft. Worth, Texas.

A featured speaker at the President's Luncheon honoring Doctor Sexton in the ballroom of the Jung Hotel on November 19 will be Dr. Edward R. Annis of Miami, President of the American Medical Association.

Auxiliary Meeting

The 39th annual meeting of the Auxiliary will be held in conjunction with the meeting of the Association. Mrs. Vernon L. Dyer of Petersburg is the Southern Medical Councilor from West Virginia.

Dept. of Health Urges High Priority For Influenza Immunizations

Physicians have been urged to give "highest priority" to immunizations against influenza for persons suffering from cardiovascular, pulmonary, renal and metabolic disorders, and to pregnant women. Also included in the high-risk category are all persons over-45 and especially those over-65.

State Director of Health Dr. N. H. Dyer, writing in the department's weekly "State of the State's Health," noted that most excess deaths had occurred among persons in these classifications since the advent of the Asian strain in 1957-58.

"Our knowledge of the clinical nature of the various strains involved in previous outbreaks does not presage an influenza problem comparable to that during the winter season of 1962-63," he said. "A sharply modified strain of Type B from Taiwan has been identified and posed some concern. While it is hoped that international travel will not bring about introduction of this strain to the United States, an alert surveillance is being maintained."

Gives Greater Protection

The health director said vaccine presently available has been modified to give greater protection against changing strains of both A_2 (Asian) and B types of influenza and provides excellent protection against six variants of influenza virus.

He also observed that pharmaceutical manufacturers have reliably anticipated the demand for vaccine this season and shortages are not foreseen. Since vaccine is available in plentiful supply, he suggested that physicians maintain high levels of immunity for all patients.

"Persons who have been vaccinated since 1957 need only one additional dose," he said. "Those without previous immunization should have two doses, preferably two months apart and before mid-December." He recalled that case-loads in West Virginia have been "significantly high" when compared with those in surrounding states during recent years and warned that even though the state might escape another epidemic this winter, "sporadic outbreaks can certainly be expected."

Research Committee Named

In another issue of the "State of the State's Health," Doctor Dyer announced the appointment of a departmental research committee to coordinate and implement community-oriented investigations into cultural

barriers to the adoption of modern health practices; new procedures for improving public health services at the local level; additional sources of professional manpower and better methods of training; and methods for best mobilizing all community health resources in attacks on specific health problems.

He said that medical research continues to move forward at an unprecedented pace and it is now known that a sufficient mobilization of professional talent and other resources will produce a predictable result.

"Despite this progress, however, there is no greater anomaly in the 20th century than the gap between the extent of scientific knowledge and our ability to apply it to the preservation of life and health," Doctor Dyer said. He emphasized that the major function of community research is to reduce the time-lag between scientific discoveries and their adoption as health practices.

More Than 120 Attend Ninth Annual Cabell County Symposium

More than 120 persons attended the Cabell County Medical Society's Ninth Annual Symposium on "Diseases of the Thyroid and Parathyroid Glands" which was held at the Hotel Frederick in Huntington on September 12.

Speakers participating in the program were as follows:

Dr. Jacob Robbins of Bethesda, Maryland, Deputy Chief of Endocrinology Branch, National Institutes of Arthritis and Metabolic Disease.

Dr. Harvey C. Knowles, Jr., of Cincinnati, Professor of Medicine at the University of Cincinnati College of Medicine.

Dr. William McK. Jeffries of Cleveland, Assistant Professor of Medicine at the Western Reserve University School of Medicine.

Dr. H. Randall Tollefsen of New York City, Clinical Instructor in Surgery at the Cornell University Medical College.

10th Hahnemann Symposium Planned In Philadelphia, Nov. 18-20

The 10th Hahnemann Symposium on "Aging of the Lung: Perspectives," sponsored by the Department of Medicine of the Hahnemann Medical College, will be held at the Sheraton Hotel in Philadelphia, November 18-20.

The program will present recent information on the biochemical, morphological, immunological and functional changes in the lung associated with aging as well as the clinical implications of the newer knowledge.

There is a $65 registration fee for the course, which is acceptable for 20 Hours of Category I Credit by the American Academy of General Practice. Further information may be obtained by writing Dr. Wilbur W. Oaks, Hahnemann Medical College and Hospital, 230 North Broad Street, Philadelphia 2, Pennsylvania.

These persons participated in the 11th Annual Medical Seminar held in Bluefield on October 3. Seated, J. B. Rhine, Ph. D., Durham, North Carolina. Standing, left to right, Drs. James Watson Woods, Chapel Hill, North Carolina; W. Hampton St. Clair, Jr., Chief of Staff, Bluefield Sanitarium; William F. Hillier, Jr., Chairman of the Program Committee; Robert W. Neilson, Jr.; and David F. Bell, President of the Bluefield Sanitarium Staff.

11th Annual Bluefield Sanitarium Seminar Held October 3

The 11th Annual Medical Seminar, sponsored by the Bluefield Sanitarium, Stevens Clinic and the Clinch Valley Clinic, was held at the Bluefield Country Club in Bluefield on October 3.

J. B. Rhine, Ph. D., of Durham, North Carolina, Director of the Parapsychology Laboratory at the Duke University School of Medicine, was the guest speaker at the banquet which was attended by more than 100 persons. His subject was "The Reach of the Mind." A scientific session was held in the afternoon and a social hour preceded the banquet.

The speakers for the scientific session and their subjects were as follows:

"Current Advances in Cardiac Surgery."—William Glenn, M. D., Professor of Surgery and Chief of the Cardiovascular Service, Yale University and New Haven Hospital, New Haven, Connecticut.

"Vascular Diseases of the Brain"—Current Concepts of Diagnosis and Treatment.—John Sterling Meyer, M. D., Professor and Chairman of the Neurological Unit, Wayne State University College of Medicine, Detroit.

"Treatment of Berry Aneurysms of the Carotids and Their Branches."—E. Lyle Gage, M. D., Chief, Department of Neurosurgery, Bluefield Sanitarium.

"Abdominal Aortic Aneurysms."—Robert W. Neilson, Jr., M. D., Division of Thoracic and Cardiovascular Surgery, Bluefield Sanitarium.

"Current Management of Coronary Artery Disease."—James Watson Woods, M. D., Associate Professor of Medicine, University of North Carolina School of Medicine.

Dr. William F. Hillier, Jr., of Bluefield, served as Chairman of the Program Committee for the Seminar.

Dr. Robert J. Vosburg New Chairman Of WVU Department of Psychiatry

Dr. Robert J. Vosburg of Pittsburgh has accepted appointment as Professor and Chairman of the Department of Psychiatry at the West Virginia University School of Medicine. He succeeds Dr. Thomas A. Loftus, who resigned earlier this year to accept the post of Professor of Psychiatry at the New York School of Psychiatry in New York City.

Robert J. Vosburg, M. D.

Doctor Vosburg, who is now Associate Director of Education in the Department of Psychiatry at the University of Pittsburgh School of Medicine and at the Western Psychiatric Institute in Pittsburgh, will serve as a visiting professor at the School of Medicine until January 1 when he will assume full-time chairmanship of the department.

A native of Detroit, Doctor Vosburg was graduated from Michigan State University and received his M. D. degree in 1951 from the University of Chicago School of Medicine.

Doctor Vosburg has held various academic positions at the University of Pittsburgh since 1954. He completed a three-year residency at Western Psychiatric Institute and remained there two additional years in a Career Teaching Fellowship supported by the National Institute of Mental Health.

He joined the University of Pittsburgh faculty in 1957 and received psychoanalytic training at the Pittsburgh Psychoanalytic Institute, 1956-63. He served three years in the United States Navy during World War II and two additional years during the Korean conflict.

Doctor Vosburg is a Fellow of the American Psychiatric Association and a member of the Pennsylvania Medical Society, the American Medical Association, Pittsburgh Neuropsychiatric Society and the Pennsylvania Psychiatric Society.

He is the author of 11 scientific papers published in professional journals. The central theme of his research is the relationship between present and past perceptions in human behavior.

Medical Meetings, 1963-64

The following is a partial list of national, state and district medical meetings scheduled for 1963-64:

1963

Nov. 18-21—Southern Medical, New Orleans, La.
Nov. 30-Dec. 1—ACCP Interim Meeting, Portland.
Dec. 1-3—AMA Clinical Meeting, Portland.

1964

June 21-25—AMA Annual Meeting, San Francisco.
Aug. 20-22—W. Va. State Medical Association, The Greenbrier, White Sulphur Springs.
Nov. 29-Dec. 2—AMA Clinical Meeting, Miami.

Dr. Charles L. Goodhand of Parkersburg, right, President of the West Virginia State Medical Association, was the guest speaker at the regular meeting of the Central West Virginia Medical Society in Buckhannon on October 2. He is shown with Dr. Robert L. Chamberlain of Buckhannon, secretary, and Dr. George T. Hoylman of Gassaway, the president.

Daniel M. Brown Named President Elect Of Hospital Association

Daniel M. Brown of Huntington was named president elect of the West Virginia Hospital Association during the 38th Annual Meeting which was held at Oglebay Park in Wheeling, October 2-4.

Mr. Brown, who has been administrator of the Cabell-Huntington Hospital in Huntington since 1954, will be installed as president at the 1964 meeting which will be held at The Greenbrier in White Sulphur Springs, July 27-29.

Mr. J. Stanley Turk, administrator of the Ohio Valley General Hospital in Wheeling, was installed as president succeeding Steve J. Soltis, administrator of Beckley Memorial Hospital.

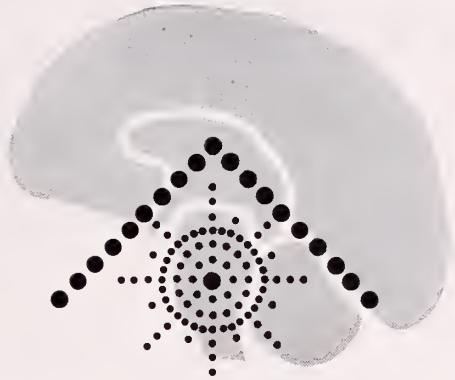
Other new officers for the coming year are as follows: O. B. Ayers, Jr., of Fairmont, vice president, and H. P. Athey, Williamson, alternate delegate to the American Hospital Association.

Medical Technologists Meeting In Parkersburg, May 1-2

The 15th annual meeting of the West Virginia State Society of Medical Technologists will be held at the Holiday Inn in Parkersburg, May 1-2, 1964.

Local arrangements are under the direction of Jeanne Johnson, M.T. (ASCP), and Lyle S. Dayhoff, M.T. (ASCP). The meeting will be open to all medical technologists and laboratory associated personnel.

Further information may be obtained by writing Mrs. R. A. McDougal, M.T. (ASCP), Publicity Chairman, 38 Willowbrook Acres, Parkersburg, West Virginia.



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Pro-Banthīne with Phenobarbital is indicated when a mild to a moderate psychic element is a factor in: Peptic ulcer • Biliary dyskinesia • Pylorospasm • Intestinal hypermotility • Spastic colon • Gastritis • Other dysfunctions of the gastrointestinal tract.

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phenobarbital . . . . . 15 mg.
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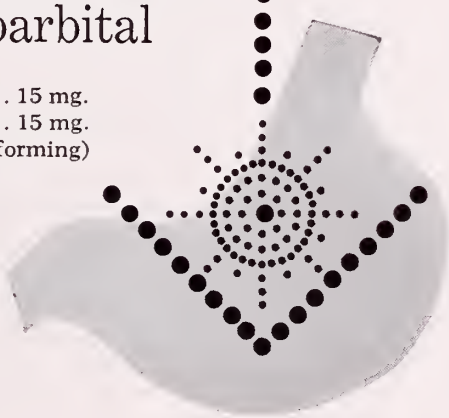

WVU Medical Center
—News—

Dr. James E. Dyson, Jr., Ph.D., a native of Des Moines, Iowa, and a former member of the faculty of the West Virginia University School of Medicine, recently was named Director of the Division of Academic Communications and Associate Professor of Microbiology.

James E. Dyson, Jr., Ph.D.

Dr. Kenneth E. Penrod, Vice President of WVU and Director of the Medical Center, said the division will promote the newest and best methods of getting across scientific information to students, faculty members and practitioners in all of the health sciences fields.

Doctor Dyson graduated from Drake University and received his Master of Science degree at the State University of Iowa and his Ph.D. degree in 1955 from the University of Michigan.

He held teaching positions at each of the three universities, primarily in the areas of biology and bacteriology. He first joined the WVU staff in July, 1958, as Assistant Professor of Microbiology after serving on the faculty of Colorado State University.

He is returning to WVU after one year of study in medical communications at the University of Kansas Medical Center. He is co-author of seven papers which have appeared in professional journals.

Physician Participation Invited

Dean Clark K. Sleeth has extended a cordial invitation to physicians who happen to be in the Morgantown area or can plan such a visit to attend and participate in the programs of the WVU School of Medicine.

During the average week there are over 32 conferences, rounds and other special educational programs held on a regular basis by School of Medicine departments at the Medical Center. Regularly scheduled clinical teaching conferences are held six days of every week. These conferences are designed around the problems of patients and are open to all physicians who wish to attend.

"The School of Medicine feels a strong responsibility to contribute in every possible way to the daily life of the State and region," Dean Sleeth said. "Recognizing the great need and strong desire of medical practitioners for opportunities to continue their professional education, these teaching sessions have been organized and are conducted with a special view to serving such needs.

"We extend a personal and individual invitation to each physician in West Virginia and the region, as to all physicians everywhere, and strongly urge that they participate in our programs at every opportunity."

The clinical teaching conference schedule follows:

Monday Through Friday

1:00 p. m.—Radiology Conference on current medical cases.
4:00 p. m.—Radiology Conference on current surgery cases.

Monday

8:00 a. m.—Department of Medicine Journal Conference.
8:15 a. m.—Pediatric X-Ray Conference.
4:30 p. m.—Clinical Pathology Conference.
5:00 p. m.—Orthopedics Grand Rounds (Univ. Hosp.).
7:30 p. m.—Orthopedics Conference.

Tuesday

4:30 p. m.—Obstetrics-Gynecology Conference.

Wednesday

11:00 a. m.—Medical Technology Seminars.
3:00 p. m.—Tumor Conference.
4:00 p. m.—Microbiology Seminars.
4:30 p. m.—Various Basic Sciences Departments Seminars.
7:30 p. m.—Clinical Cardiovascular Physiology Conference.

Thursday

8:15 a. m.—Pediatric X-Ray Conference.
3:00 p. m.—Radiology Lecture.
4:00 p. m.—Anesthesiology Lectures.
4:30 p. m.—Pediatrics Conference.

Friday

7:30 a. m.—Surgery Grand Rounds (Univ. Hosp.).
8:00 a. m.—Pediatrics Grand Rounds (Univ. Hosp.).
12:30 p. m.—Surgery Journal Club.
3:00 p. m.—Chest and Heart Conference.
4:00 p. m.—Medical Center Lecture Series (held about every other week).
5:00 p. m.—Orthopedics Grand Rounds (Univ. Hosp.).

Saturday

9:00 a. m.—Surgery Conference.
11:00 a. m.—Medical Conference.

• **Compiled from material furnished by Howard Lewis, Administrative Assistant to the Vice President, West Virginia University Medical Center, Morgantown, West Virginia.**

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"a tranquilaxant."

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Unsurpassed Tolerance: Less than 3 per cent of patients develop side effects with TRANCOPAL (chlormezanone-Winthrop), such as occasional drowsiness, dizziness, flushing, nausea, depression, weakness and drug rash. If severe, medication should be discontinued. In most patients, however, side effects are minor and do not necessitate interruption of treatment. There are no known contraindications.

Available: 200 mg. Caplets® (green colored, scored), 100 mg. Caplets (peach colored, scored), each in bottles of 100.

Dosage: Adults, 1 Caplet (200 mg.) three or four times daily; in some patients 100 mg. three or four times daily suffices. Children (5 to 12 years), from 50 to 100 mg. three or four times daily.

Reference: 1. A.M.A. Council on Drugs: J.A.M.A. 183:469 (Feb. 9) 1963.

Winthrop

WINTHROP LABORATORIES
New York, N. Y.

The Month in Washington

• From the Washington Office of the American Medical Association.

THE federal government has, in effect, branded the so-called cancer drug krebiozen as worthless.

Boisfeuillet Jones, special assistant to the Secretary of Health, Education and Welfare, said in a letter to Dr. Stevan Durovic, sponsor of the controversial substance, that a "scientifically unimpeachable" Food and Drug Administration analysis of krebiozen "casts strong suspicion" on claims for it as a cancer treatment.

The FDA announced September 7 that it had analyzed a sample of krebiozen powder furnished by Durovic and found it to be creatine, a substance naturally present in the human body and considered worthless in treatment of cancer.

In a September 11 letter to the FDA, Durovic challenged the analysis. He said studies made for him by "two reputable independent laboratories" disagreed with five of the FDA findings.

Replying to the Durovic letter, Jones said the FDA analysis was "scientifically unimpeachable." He also placed full responsibility on Durovic and Dr. Andrew C. Ivy, his chief backer, for any consequences of withdrawing the drug from patients who have taken it.

"We are fully sympathetic with those patients who believe that krebiozen is necessary for the maintenance of health and life." Jones wrote. "You and Dr. Ivy have encouraged their belief; you made krebiozen available to them with claims of benefit . . . The full moral responsibility for the consequence is yours . . .

"Tests made by the FDA demonstrate that creatine is only slightly soluble in mineral oil and that the creatine which you provided and called krebiozen is soluble to exactly the same extent."

New Program Aids Construction, Students

The federal government has a new $235 million program that will provide financial aid for construction of medical schools and loans to medical students. The Senate in mid-September passed by a vote of 71 to 9 the Administration's medical education bill in the identical form that the House had approved it earlier. President Kennedy promptly signed it into law.

Before approving the bill, the Senate rejected by a 43-to-39 vote an amendment that would have forgiven part of the loan to a student if, after graduation, he practiced in an area where there was a shortage of doctors. The Senate also voted down, 63 to 18, a proposal that would have knocked out loans to students.

The bill authorizes a three-year, $175 million matching grant program for the construction, replacement, or rehabilitation of accredited public or nonprofit teaching facilities for the training of physicians, dentists, pharmacists, optometrists, podiatrists, nurses, or professional public health personnel. A grant cannot exceed 66-2/3 per cent of the cost of construction for new schools or new facilities at existing schools.

The new law authorizes a loan program, patterned after the National Defense Education Act, for full-time students in schools of medicine, dentistry or osteopathy.

Loans cannot exceed $2,000 for a student in any academic year. Schools will be required to give preference to first-year students in the school year 1963-64. Loans will be repayable over a ten-year period which would begin three years after the student ceases to pursue a fulltime course of study.

The unpaid balance of a loan will bear 3% interest per annum or the going Federal rate for obligations having a 15 year or more maturity, whichever is higher. Loans will be made without security or endorsement, except in the case of a minor where the note would not create a binding obligation.

FDA Warning Was Mistake

The Food and Drug Administration has discovered that its August warning against the use of the birth-control pill Enovid by women over 35 was a mistake.

In releasing the final report on the oral contraceptive by an advisory committee of medical experts appointed to study the relationship between consumption of the drug and the occurrence of certain circulatory disorders, principally thrombophlebitis and pulmonary embolism, the FDA said:

"The preliminary report of the committee released on August 4 suggested that there was a statistically significant increase in risk in women 35 years of age or over who were taking Enovid. Further statistical evaluation by the committee has indicated that a higher rate of fatalities due to thrombo-embolism observed in Enovid users 35 years of age or over is not statistically significant.

"The manufacturer of the drug (G. D. Searle & Co.) is being advised that references in labeling, which FDA requested last month, may be modified to state that the higher rate of fatalities is not statistically significant. The labeling will continue to advise physicians of the principal contra-indications for use of Enovid as a contraceptive, namely: certain cancers, pre-existing liver dysfunction or disease, and a history of thrombophlebitis or pulmonary embolism."

Obituaries

DON SHELLY BENSON, M. D.

Dr. Don Shelly Benson, 59, of Moundsville, the immediate past president of the West Virginia Chapter of the American Academy of General Practice, died on October 9 at a Moundsville hospital following an illness of four months.

Doctor Benson was born in Dayton, Tennessee, on July 4, 1904, the son of King M. and Edna Miller Benson. He attended the University of Tennessee in Chattanooga and received his M. D. degree in 1930 from the University of Tennessee College of Medicine at Memphis.

He served an internship at Wheeling Hospital, 1930-31, and residency at the Ohio Valley Hospital in Steubenville, Ohio, 1931-32. He opened his practice in Wheeling and moved to Moundsville in 1934.

Doctor Benson was a member of the Marshall County Medical Society, West Virginia State Medical Association, American Medical Association and a Fellow of the American College of Anesthesiology.

Besides his widow, he is survived by a son, Don M. Benson, a third-year medical student at the George Washington University School of Medicine in Washington, D. C.; a daughter, Joan of Moundsville; and two brothers, W. Erskin Benson of Jenson Beach, Florida, and Dr. James M. Benson of Hampton, Virginia.

* * * *

McRAE C. BANKS, M. D.

Dr. McRae C. Banks, 88, of Beckley, died on October 14 at his home in that city after a long illness.

Doctor Banks, who had practiced in the Beckley area for more than half a century before retiring in 1957 due to ill health, was a native of Virginia.

He received his M. D. degree in 1897 from the Medical College of Virginia and practiced for seven years in Madison, Virginia, before moving to Beckley in 1904. During World War I, Doctor Banks served in the Medical Corps of the United States Army as Regimental Surgeon with the 524th Engineers.

Doctor Banks was an honorary life member of the Raleigh County Medical Society, West Virginia State Medical Association and the American Medical Association.

Besides his widow, he is survived by two sons, Col. William M. Banks of Beckley, and Dr. James W. Banks of Hagerstown, Maryland; two daughters, Mrs. Clyde A. Smith of Beckley and Mrs. L. Meredith Powers of Richmond, Virginia; one brother, Dr. Fitzhugh L. Banks of Beckley; 12 grandchildren and four great grandchildren.

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County Societies

CENTRAL WEST VIRGINIA

Dr. Charles L. Goodhand of Parkersburg, President of the West Virginia State Medical Association, was the guest speaker at the regular meeting of the Central West Virginia Medical Society which was held at the Benedum Campus Community Center at West Virginia Wesleyan College in Buckhannon on October 2.

Doctor Goodhand stressed communication between all segments of the medical profession, particularly at the county and state levels.

Other guests at the meeting included Mrs. Goodhand, Mrs. C. C. Long of Ozark, Arkansas, Chairman of the Rural Health Committee of the Woman's Auxiliary to the American Medical Association; Dr. and Mrs. Pat A. Tuckwiller of Charleston, Dr. and Mrs. Charles S. Harrison of Clarksburg, and Mr. William H. Lively and Mr. Jerry Gould of Charleston, executive secretary and executive assistant, respectively, of the State Medical Association. Mrs. Tuckwiller is president and Mrs. Harrison second vice president of the Woman's Auxiliary to the State Medical Association.

Dr. George T. Hoylman of Gassaway, the president, presided at the business meeting and new officers for the coming year were elected. Dr. Donald S. Groves of Summersville was elected president, Dr. Ira F. Hartman of Buckhannon, vice president, and Dr. Robert L. Chamberlain, Buckhannon, reelected secretary.

HARRISON

The Harrison County Medical Society held its regular monthly meeting at the Stonewall Jackson Hotel in Clarksburg on October 3.

Dr. Charles L. Goodhand of Parkersburg, President of the West Virginia State Medical Association, was the guest speaker. He discussed various facets of the problems now facing the medical profession at both the national and state levels.

Dr. Robert S. Wilson, the president, presided at the business meeting. Guests included Dr. J. C. Huffman of Buckhannon, a past president of the State Medical Association.

* * * *

KANAWHA

Dr. Leonard L. Lovshin of Cleveland, Head of the Department of Internal Medicine at the Cleveland Clinic, was the guest speaker at a joint meeting of the Kanawha Medical Society and Kanawha County Bar Association which was held at the Daniel Boone Hotel in Charleston on October 8.

Doctor Lovshin, speaking to an audience of more than 300 persons, said that fatigue can be a sign of accomplishment or the result of trying to cope with all the complexities of life today. He said that man's biggest job is to learn how to live with the condition.

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Dr. Kenneth G. MacDonald, president of Kanawha Medical Society, served as toastmaster for the ninth annual joint meeting of the two organizations.

* * * *

MONONGALIA

Dr. Ernest W. Chick was the speaker at the regular monthly meeting of the Monongalia County Medical Society which was held at the Hotel Morgan in Morgantown on September 3.

Doctor Chick, who is Associate Professor of Medicine and Chairman of the Division of Public Health and Preventive Medicine at the WVU School of Medicine, presented a paper on "Opportunistic Fungus Diseases."

During the business meeting, Dr. George G. Green of Morgantown was elected to membership in the Society.

The meeting was attended by 39 members and 10 guests.—George A. Curry, M. D., Secretary.

* * * *

PARKERSBURG ACADEMY

Dr. Dean R. Goplerud of Morgantown, Instructor in Obstetrics and Gynecology at the West Virginia University School of Medicine, was the guest speaker at the regular monthly meeting of the Parkersburg Academy of Medicine which was held at the American Legion Home in Parkersburg on October 3.

Doctor Goplerud discussed the diagnosis and treatment of carcinoma of the cervix, stressing the importance of pelvic examinations and cytology smear tests.

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Psychiatry and Neurology:
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Stephen D. Ward, M. D.
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Roentgenology:
Williom K. Kalbfleisch, M. D.

Clinicol Loborotories:
Nancy Fandriest, M. T.

Technologists:
Electracardiagraphy:
Patricia Pastar, R. N.
Electraencephalagraphy:
JaAnn Hastings
Raentgenalagy:
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20th ANNUAL CONFERENCE IN CHICAGO

The 20th Annual Conference of State Presidents, Presidents Elect, National Officers and Committee Chairmen of the Woman's Auxiliary to the American Medical Association was held at the Drake Hotel in Chicago, October 6-9.

Attending from West Virginia were Mrs. Pat A. Tuckwiller of Charleston, President of the Woman's Auxiliary to the West Virginia State Medical Association; Mrs. George A. Curry of Morgantown, President Elect of the State Auxiliary; and Mrs. J. C. Huffman of Buckhannon, National Regional Chairman of the Rural Health Committee.

Mrs. C. Rodney Stoltz of Watertown, South Dakota, President of the National Auxiliary, welcomed the conferees. Mrs. William H. Evans of Youngstown, Ohio, the President Elect, presided at the conference which had as its theme, "Serve and Communicate."

Speakers appearing on the program included:

The Rev. Dr. Paul B. McCleave, Director of the AMA Department of Medicine and Religion; Dr. Jack Schreiber, member of the AMA Speakers Bureau; Lyman J. Smith, Ed. D., Director of AMA-ERF; Fred V. Hein, Ph.D., Director of the AMA Department of Community Health and Health Education; Mr. James R. Hickox, Director of Program Services; and Mr. Robert A. Enlow, Director of Circulation and Records Department.

Interesting features included a television interview in which Mrs. Stoltz most ably represented the Auxiliary; Dr. Thomas W. Duke's address on "The Social Action Syndrome"; a discussion of suicide by Dr. Andrew J. Toman, Cook County Coroner; a "Community Sing in Safety"; films and skits; a tour of the AMA Headquarters; and notes on current events by Dr. Ernest B. Howard, Assistant Executive Vice President of the AMA.

The conference was well attended with representatives from each state including one from Alaska and two from Hawaii. Everyone found the meeting both stimulating and informative.—Mrs. George A. Curry, President Elect.

CABELL

"Serve and Communicate" will be the theme for the coming year of the Woman's Auxiliary to the Cabell County Medical Society.

A luncheon and style show inaugurated the Auxiliary year at the Hotel Frederick in Huntington on October 8. Hostesses were Mesdames Edwin J. Humphrey, L. J. Hutchison, George F. Woelfel, Thomas C. McFarland, Joseph M. Farrell, W. D. Bourn, I. Ewen Taylor, William E. Bray, Jr., Arthur S. Jones, W. J. Parsons and Grover C. Morrison.

* * * *

FAYETTE

Mrs. Joe N. Jarrett, third vice president of the Woman's Auxiliary to the State Medical Association, was the guest speaker at the first fall meeting of the Woman's Auxiliary to the Fayette County Medical Society which was held at the Glen Ferris Inn at Glen Ferris on September 17.

Mrs. Jarrett discussed the 39th Annual Meeting of the Auxiliary which was held at The Greenbrier in White Sulphur Springs, August 22-24.

Mrs. William L. Claiborne of Montgomery, the president, presided at the business meeting and Yearbooks, which were made and compiled by Mrs. Ivan H. Bush, Jr., were distributed.

HANCOCK

Mrs. Ray S. Greco was hostess for the first fall meeting of the Woman's Auxiliary to the Hancock County Medical Society which was held at the Williams Country Club in Weirton on September 17.

Mrs. Leonard E. Yurko, the president, presided at the business meeting and Mrs. Edward A. Gretchen presented the annual financial report.

* * * *

HARRISON

Thirty-six members and guests attended the Annual Fall Tea of the Woman's Auxiliary to the Harrison County Medical Society which was held at the home of Dr. and Mrs. E. Burl Randolph in Clarksburg on September 19.

Officers of the Woman's Auxiliary to the State Medical Association attending the meeting included Mrs. George A. Curry of Morgantown, president elect; Mrs. Lysle T. Veach of Petersburg, first vice president; Mrs. Charles S. Harrison of Clarksburg, second vice president; Mrs. Vernon L. Dyer of Petersburg, a past president and present Southern Medical Councilor; and Mrs. L. Dale Simmons of Clarksburg, legislative chairman.

Mrs. Paul E. Gordon, the president, presided at a brief business meeting. The honor guests were introduced and future programs for the year announced.

Mrs. Charles L. Goodhand of Parkersburg, presented an informative address on current legislation at the

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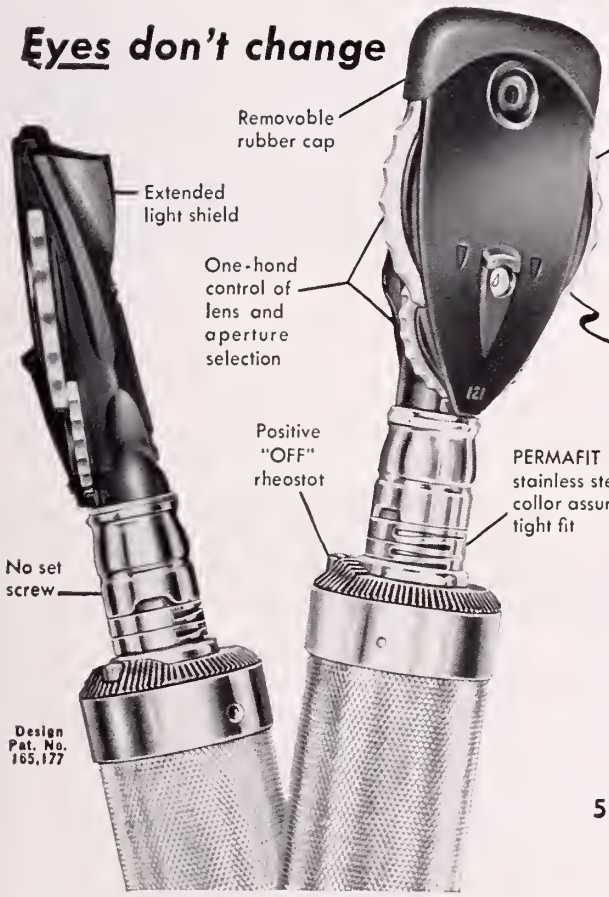

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regular monthly meeting of the Woman's Auxiliary to the Harrison County Medical Society which was held at the Stonewall Jackson Hotel in Clarksburg on October 3.

Mrs. C. C. Long of Ozark, Arkansas. Chairman of the Rural Health Committee of the Woman's Auxiliary to the American Medical Association, also was a guest at the meeting which was attended by 30 members and three guests.—Mrs. Karl A. Dillinger, Secretary.

* * * *

KANAWHA

Dr. D. Franklin Milam of Morgantown, Professor and Chairman of the Division of Urology at the West Virginia University School of Medicine. was the guest speaker at the regular monthly meeting of the Woman's Auxiliary to the Kanawha Medical Society which was held at Christ Church Methodist in Charleston on October 8.

Doctor Milam discussed the many benefits derived from AMA-ERF, whose funds represent contributions made primarily by physicians, their professional societies and the auxiliaries throughout the nation. He said the West Virginia University School of Medicine has had 93 student applications and loaned $116,300 in the first 16 months of its operation.

Guests at the meeting included potential new members, wives of interns and residents in area hospitals, and Mrs. Joe N. Jarrett of Oak Hill, third vice president of the Woman's Auxiliary to the State Medical Association.—Mrs. James H. Walker, Press and Publicity Chairman.

* * * *

MARION

The Woman's Auxiliary to the Marion County Medical Society began its 32nd year with the Annual Membership Tea at the home of Dr. and Mrs. William A. Ehrgott in Fairmont on September 25.

Mrs. George A. Curry of Morgantown, president elect of the Woman's Auxiliary to the State Medical Association, Mrs. Lysle T. Veach of Petersburg, the first vice president, and Mrs. Rupert W. Powell of Fairmont, chairman of the Committee on Press and Publicity, were guests at the meeting.

Mrs. Ehrgott, the president, presided at the business meeting and plans for the coming year were discussed, including nurse recruitment, many phases of legislation and new aspects of medicine.—Mrs. Robert B Hamilton, Publicity Chairman.

* * * *

McDOWELL

The regular monthly meeting of the Woman's Auxiliary to the McDowell County Medical Society was held at the home of Dr. and Mrs. F. L. Johnston in Welch on September 11. Mrs. John S. Cook served as cohostess.

Mrs. J. Hunter Smith, the President, presided at the business meeting and plans were discussed for the annual benefit bridge which will be held on October 9. Fifteen members and two guests attended the meeting. —Mrs. J. H. Murry, Secretary.

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MERCER

The first fall meeting of the Woman's Auxiliary to the Mercer County Medical Society was held at the Bluefield YWCA on September 16 with 28 members and two guests in attendance.

Mrs. J. E. Blaydes, Jr., the president, presided at the business meeting and introduced the guests, Mrs. M. J. Hornowski of Ashville, North Carolina, and Mrs. James P. Thomas.

Mrs. John J. Bryan, the program chairman, presented a film on mental health entitled "Moment to Act." The film portrays "persons of special need" who are to be found in the midst of every community.

The furnishing of a new dispensary at Camp Joy was discussed and the president appointed a committee made up of Mrs. Robert S. Gatherum, Mrs. A. C. Van Reenen, Mrs. John J. Mahood, Mrs. J. Brookins Taylor and Mrs. Richard O. Rogers, Jr., to determine the dispensary's needs.

Mrs. Albert J. Paine expressed appreciation to the volunteers who participated in the initial Sabin Oral clinic which was held in Mercer County in September.—Mrs. Richard O. Rogers, Jr., Press and Publicity Chairman.

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MINGO

The first fall meeting of the Woman's Auxiliary to the Mingo County Medical Society was held at the

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home of Dr. and Mrs. Robert J. Tchou in Williamson on September 26.

Mrs. Tchou, the president, presided at the business meeting and plans were discussed for the aid of the Mingo County Council for Retarded Children.—Mrs Frank J. Burian, Secretary.

* * * *

MONONGALIA

New and returning members were honor guests at the first fall meeting of the Woman's Auxiliary to the Monongalia County Medical Society which was held at the home of Dr. and Mrs. Robert J. Fleming in Morgantown on September 10.

Mrs. George A. Curry, president elect of the Woman's Auxiliary to the State Medical Association, and Mrs. French R. Miller, president of the county group, displayed a certificate awarded at the 39th Annual Meeting at The Greenbrier for the largest contribution to AMA-ERF.

Mrs. Maynard P. Pride served as chairman of the hostess committee and she was assisted by Mesdames Arthur W. Kelley, Robert Greco, Charles E. Andrews and Dean Roy Goplerud.

* * * *

OHIO

A Membership Tea inaugurated the 1963-64 season of the Woman's Auxiliary to the Ohio County Medical Society at Oglebay Park in Wheeling on September 24.

Mrs. C. B. Buffington was the hostess and was assisted by Mesdames Robert T. Bandi, S. S. Bobes, George R. Clarke, Francis J. Gaydosh, Charles H. Hiles, Earl S. Phillips, W. C. D. McCuskey and John S. Meier.

Mrs. Fernando Giustini and Dr. Camilla Bauer, new members, and Mrs. George Naum, wife of an intern at the Wheeling Hospital, were introduced.

Four immediate past presidents, Mrs. Harry S. Weeks, Jr., Mrs. Robert T. Bandi, Mrs. John G. Thoner and Mrs. George M. Kellas, presided at the tea table.

* * * *

RALEIGH

Mrs. Pat A. Tuckwiller of Charleston, President of the Woman's Auxiliary to the State Medical Association, was the guest speaker at the first fall meeting of the Woman's Auxiliary to the Raleigh County Medical Society which was held at the home of Dr. and Mrs. John E. McKenzie in Beckley on September 23.

Mrs. Tuckwiller told her audience that "our auxiliaries will grow only when the individual members become better informed so that they can participate more and serve to a greater extent."

Mrs. John J. Marra, the president, presided at the business meeting and she announced that "Accent on Youth" would be the theme for the year.

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Book Reviews

RESULTS OF SURGERY FOR PEPTIC ULCER (A Cooperative Study by Twelve VA Hospitals).—Edited by R. W. Postlethwait, M. D. Pp. 308. Philadelphia and London: W. B. Saunders Company. 1963. Price $8.00.

This book, the format of which is excellent and provides for easy reading, represents a cooperative effort by the surgical services of twelve Veterans Hospitals located throughout the United States. The material contained herein has been compiled from a ten-year (1947-1957) organized, retrospective, statistical study of 2,977 patients who have undergone some form of surgical treatment for peptic ulcer disease.

The subject matter is presented in individual chapters which have been prepared by a representative from various participating hospitals. Each chapter contains numerous graphs and tables which are syncrgistic with and pertinent to the theme. The final two chapters contain an excellent summation of the topic with an elucidation on the current status of surgery for peptic ulcer.

On casual perusal one is overwhelmed by the tremendous number of charts, graphs and tables. However, after more thorough scrutiny, one is definitely rewarded by the fact that appropriate legends make their interpretation quite easy. Rather than make any attempt to formulate conclusions, this book is primarily designed to present information that is of sound statistical significance, dealing with the results of surgical treatment of the peptic ulcer. The individual reader is provided with an enormous amount of comparative data from which he will be able to draw his own conclusions.

I believe that this book would be a valuable asset not only to surgeons but to general practitioners, gastroenterologists, internists, house officers or any other physicians who deal with peptic ulcer disease. It would provide these doctors with information that would enhance understanding concerning prognosis, morbidity and mortality in those of their patients for whom surgical intervention has become a necessity. I also think that the medical student would gain a great deal from this book, in that it contains a considerable amount of factual material which would aid in his earlier overall appraisal of the subject.

Recently there appeared in an editorial (*JAMA* 185 (9), August 31, 1963) a rather strong indictment against "books of multiple authorship." This book would not have been possible without the cooperative efforts of many individuals. Certainly, the experiences of one person, or even one hospital, could not provide all of the material contained in this book. Even though the editorial indicts books of multiple authorship in general, I should like to quote from its last paragraph: "A good book always represents hard work. With adequate hard work, multiple authorship yields a product than can stand as a cherished monument." I borrow from this quotation to express my overall opinion of this book and am pleased to be able to recommend it so highly.—Walter H. Gerwig, Jr., M. D.

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The American Cancer Society keeps you busy, doctor. We depend upon you. We hope that more and more of your fellow physicians will join you in working with us—all year, every year until the fight against cancer is won.

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The West Virginia Medical Journal

December, 1963 Vol. 59, No. 12

Diagnosis and Treatment of Congenital Cardiac Disease in The Infant*†

The Authors

- Russell V. Lucas, Jr., M. D., Assistant Professor of Pediatrics, West Virginia University School of Medicine, Morgantown, W. Va.
- John T. Fuscaldo, M. D., Intern at Akron General Hospital, Akron, Ohio.
- Herbert E. Warden, M. D., Professor of Surgery, West Virginia University School of Medicine, Morgantown, W. Va.

In medicine, it is axiomatic that a disease entity will remain of academic interest until an effective method of treatment is devised. Effective treatment then renders the academic practical. Congenital cardiac disease has rapidly undergone such transformation. Increasing understanding of the disease by the practicing physician has accompanied the widening scope of cardiovascular surgery for treatment of the diverse congenital cardiac anomalies. In this field to date, however, attention for the most part has been focused on the older child. In the case of the infant, the frequent occurrence of a complex anomaly and the higher operative mortality have tended to produce a somewhat pessimistic outlook. Nonetheless, in this relatively neglected age group lies the greatest remaining challenge in the treatment of congenital heart disease.

1 Per Cent Incidence

It has been variously estimated that congenital cardiac disease will be present in 1 per cent of full term live births.[1] Translated into number of patients, this would be approximately 50,000 infants with congenital cardiac disease born annually in the United States and around 500 infants likewise afflicted born annually in West Virginia.

Of the total number of persons born with cardiac disease, approximately 50 per cent will die in the first year of life.[2] These patients must be treated early if they are to survive. Some of the 50 per cent, of course, will have cardiac anomalies for which no adequate means of correction now exists, a factor that has tended to reinforce our pessimistic attitude. A closer look at the type of congenital cardiac disease that causes death in the first year, however, will indicate that such pessimism is not completely justified.

The most common types of congenital cardiac disease are listed in Table I, with the incidence of each defect at birth and the mortality rate for each defect by one year of age (if the defect is not corrected). A mortality rate of 8 per cent or more in the first year is seen for each type of anomaly and, in addition, the rate in the first year for some of the defects is extremely high.

Potential Surgical Salvage

What is the potential operative salvage in the cases of those who succumb in the first year of life? In one-third of the cases, the defect is such that complete correction can be accomplished by a closed cardiac operation, i. e., one not necessitating cardiopulmonary by-pass (Table I). In this group, accurate and timely diagnosis would allow correction at a relatively low operative mortality rate. In a second group of cardiac anomalies (approximately 40 per cent of the patients who succumb in the first year of life) correction is possible, utilizing cardiopulmonary by-pass.

The purpose of this paper is to consider the methods of diagnosis and treatment in these two

*From the Departments of Pediatrics and Surgery, West Virginia University School of Medicine, Morgantown, W. Va.

†This study was supported in part by Research Grants #HE06-456-02, #HE06-619-02, and #HE06-157-02 of the National Heart Institute, United States Public Health Service.

Submitted to the Publication Committee, February 28, 1963.

groups of infants who die with curable congenital cardiac defects. The role of palliative surgical procedures for the patients whose defects are not curable also will be considered.

Symptoms With Multiple Causes

The first problem faced by the clinician is recognition of congenital cardiac disease in the sick infant who responds to various disease processes in a limited number of nonspecific ways. The symptoms manifested by an infant with cardiac disease are similar in most respects to those of other diseases affecting this age group. For example, growth failure is one of the most prominent symptoms of congenital heart disease in the infant. Any severe illness in the period of infancy also will cause growth failure. Cyanosis is a rather striking finding in the older child and one that immediately suggests cardiac disease. In the infant, cyanosis may be produced by cardiac disease, or it may be secondary to a respiratory illness, or to central nervous system disease, or it may be present as a result of peripheral stasis in any severe, overwhelming, infectious process. Likewise, other signs frequently seen in congenital cardiac disease in infancy such as respiratory difficulty, tachypnea, tachycardia, and feeding problems also are commonly the results of other disease processes. The two conditions alone which alert the physician immediately to the possibility of congenital cardiac disease in the infant, i. e., a cardiac murmur and congestive cardiac failure, are not universally present. Such being the case, a high index of suspicion on the part of the physician is necessary for proper diagnosis.

Identification of Anomaly

Once cardiac disease is suspected, the next problem is identifying the specific cardiac anomaly. Symptomatology in infants with cardiac disease may be similar despite wide diversity in the type of congenital anomaly present. For example, growth failure was a prominent finding in nearly all of the 45 infants with various congenital cardiac anomalies seen from October, 1961 thru September, 1962 at West Virginia University. Likewise, feeding problems, respiratory difficulty and lethargy were common denominators in these patients.

Diagnostic Difficulties

The cardiac murmur, frequently of almost pathognomonic significance in the older child, is of limited value in the diagnosis of congenital heart disease in the infant, a factor probably re-

TABLE I

INCIDENCE AND MORTALITY OF CONGENITAL CARDIAC DEFECTS IN PATIENTS UNDER 1 YEAR OF AGE

	WEST VIRGINIA UNIVERSITY				LITERATURE*	
	No. of Cases	*% of Total*	*Mortality*	*% Mortality*	*Incidence %*	*% Mortality at 1 year*
I. Correctable without C-P by-pass						
Patent ductus arteriosus	6	13%	1	17%	10%	9%
Coarctation of aorta	1	2	0	0	10	50
Coarctation of aorta and V.S.D.	1	2	1	100	5	70
Pulmonary valve stenosis	0	0	0	0	5	10
Pulmonary valve atresia	1	2	1	100	2	95
II. Correctable utilizing C-P by-pass						
Ventricular septal defect	14	31.5	3	21	15	15
Tetralogy of Fallot	5	11	2	40	12	25
Total Anomalous pulmonary venous connection	1	2	1	100	2	50
Atrial septal defect	0	0	0	0	8	9
Aortic valve stenosis	0	0	0	0	4	8
A-V canal	3	7	1	33	---	---
III. Palliation only						
Transposition of great vessels	8	18	6	75	6	85
Single ventricle	1	2	1	100	---	---
Endocardial sclerosis	2	4	0	0	---	---
Aortic atresia	1	2	1	100	---	---
	45	---	18	40%		

*Based on Fontana and Edwards.[1]

lated to the difficulty in localization of the murmur in the small infant thorax as well as to differences in the hemodynamic state in the infant as compared with that in the older child.

Even cyanosis, a sign that almost invariably suggests a right-to-left shunt in the older child, is of less value in the separation of cyanotic congenital heart disease from acyanotic congenital heart disease in infants. For example, a review of the cases seen at West Virginia University revealed that while all the patients with a right-to-left shunt were cyanotic, 11 of 20 infants either with patent ductus arteriosus or ventricular septal defect also were cyanotic. Cyanosis in these latter patients who did not have a right-to-left shunt was a consequence of peripheral stasis of blood which occurred as a result of congestive cardiac failure.

These diagnostic difficulties in the infant with congenital cardiac disease are more apparent than real. This is so, since in the past we have considered the infant with cardiac disease as

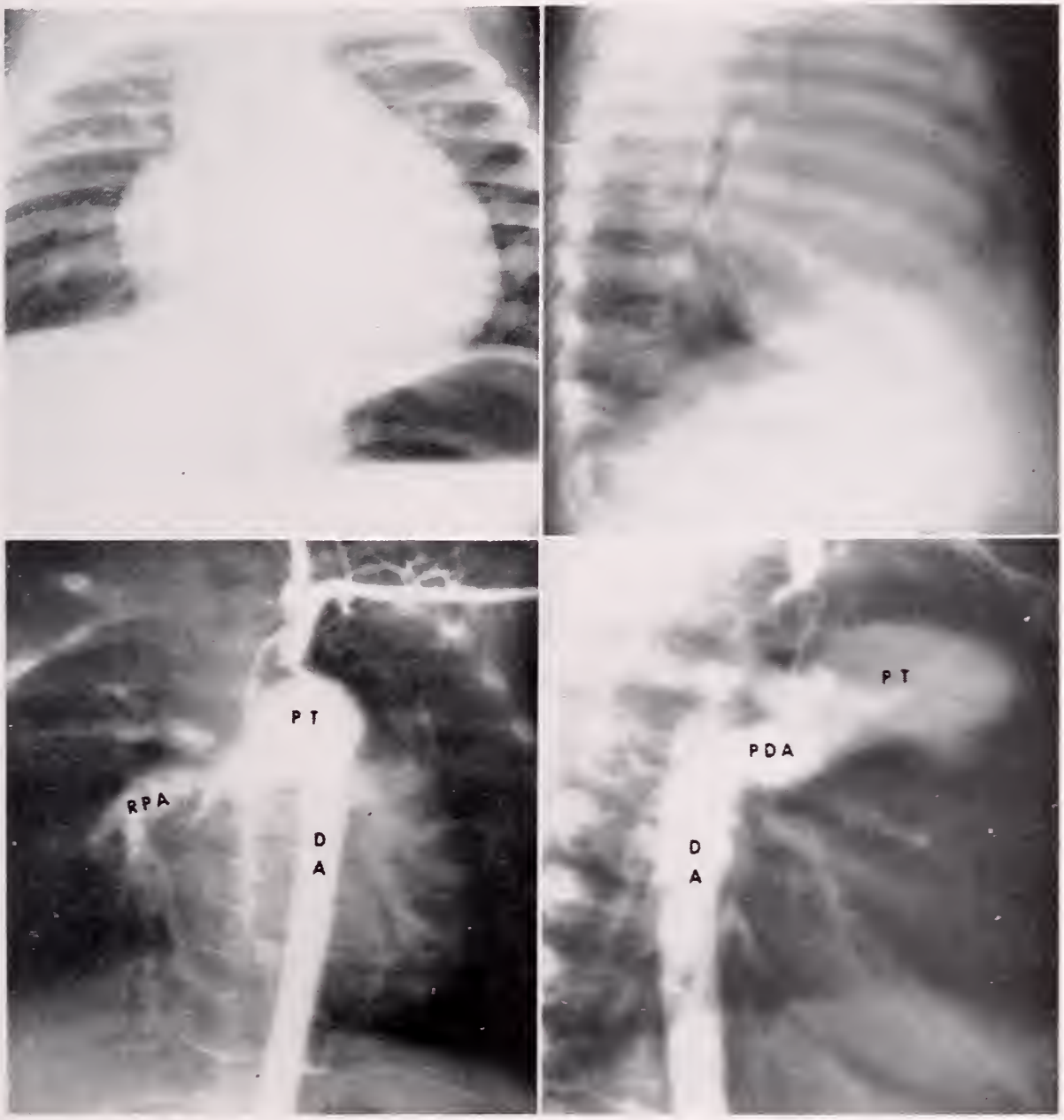

FIGURE 1, CASE 1. Patent ductus arteriosus in a 9-month-old girl. LEFT UPPER: Posteroanterior thoracic roentgenogram. Cardiomegaly is apparent and the pulmonary artery segment is prominent. Pulmonary vascularity is increased. RIGHT UPPER: Lateral roentgenogram of the chest. The retrosternal space is obliterated by right ventricular enlargement and left atrial enlargement is apparent posteriorly. LEFT LOWER: Retrograde aortogram, anteroposterior view. Opaque medium injected into the left brachial artery fills the aorta and descending aorta (DA). The pulmonary trunk (PT) and right pulmonary artery (RPA) have opacified by way of the patent ductus arteriosus. RIGHT LOWER: Retrograde aortogram, lateral view. Following opacification of the aorta and descending aorta (DA) the pulmonary trunk (PT) is opacified by way of a patent ductus arteriosus (PDA).

merely an extension of the diagnostic problem in the older child. The infant, however, is not merely a small child or a small adult but, rather, is markedly different in many basic ways. If the problem of diagnosis is approached within the framework of the infant's different physiology and if those cardiac defects which are correctable within this age group are particularly stressed, prompt, accurate diagnosis and effective treatment can become the rule rather than the exception. In order to outline this philosophy of approach, the various cardiac anomalies have been classified into three major groups: (1) Defects operable without the use of cardiopulmonary by-pass, (2) defects operable utilizing cardiopulmonary by-pass and (3) defects operable for palliation only. Some of the specific congenital anomalies in each group will be presented utilizing a case report as a means for considering the diagnostic and therapeutic features.

I. Defects Correctable Without the Use Of Cardiopulmonary By-pass

A. Patent Ductus Arteriosus.—The clinical picture of patent ductus arteriosus in the older child or in the adult is in most instances a typical one, an asymptomatic patient with the classical machinery murmur of Gibson. The clinical picture of the infant with patent ductus arteriosus is in sharp contrast. If symptomatic, these infants generally present with severe growth failure, respiratory difficulty and often with congestive cardiac failure. The machinery murmur is uncommon in the infant. In a series of 75 proven cases of patent ductus arteriosus operated on under one year, there were only 10 in which the diagnostic machinery murmur was present.[3] Since patent ductus arteriosus is rather simply corrected at low mortality without the necessity of cardiopulmonary by-pass, it is of the utmost importance to diagnose this cardiac anomaly when it produces severe symptomatology in infancy. The following case report illustrates such a circumstance.

Case 1 (H10-37-28).—A 9-month-old female infant was seen at West Virginia University Medical Center with a history of persistent feeding difficulties and profound growth failure, weighing only 8 pounds, 14 ounces as compared with a birth weight of 5 pounds, 8 ounces.

Examination revealed a pale, irritable, thin infant. A thrill was palpable along the upper left sternal border and in the pulmonary area. A grade III, harsh, systolic murmur was heard maximally at the pulmonary area. The second sound in the pulmonic area was accentuated. There was no diastolic murmur nor evidence of congestive cardiac failure.

Electrocardiogram revealed biventricular hypertrophy. Cardiac roentgenograms illustrated increased pulmonary vascular markings, enlarged pulmonary artery segment, and evidence of biventricular hypertrophy and left atrial enlargement (Figure 1, Upper).

At this point the differential diagnosis was patent ductus arteriosus or ventricular septal defect. Since this child's severe symptomatology indicated a need for operative treatment, retrograde aortography was performed to determine whether or not a patent ductus arteriosus was present. Opaque material injected in the left brachial artery entered the arch of the aorta and a large patent ductus arteriosus opacified (Figure 1, Lower).

Several weeks of intensive feeding resulted in only minimal weight gain. The patent ductus arteriosus, therefore, was ligated and divided. The postoperative course was benign. Subsequent to surgery, the thrill and murmur completely disappeared. When last seen, five months following operation, the patient was asymptomatic and weighed 16 pounds, 11 ounces, nearly double the weight at nine months of age.

Comment.—The reported case emphasizes the severe symptomatology that may be present with an isolated patent ductus arteriosus. The clinical picture certainly was not classical for this disease, being more nearly the picture one anticipates in ventricular septal defect. Retrograde aortography was prompted by the urgent need to diagnose a simple, correctable defect, i. e., patent ductus arteriosus.

B. Coarctation of the Aorta.—Coarctation of the aorta, when it occurs as an isolated congenital anomaly, presents protean manifestations and may produce severe symptomatology in early infancy, although most patients are not symptomatic at this time. The lesion has been considered one of the more common causes of congestive cardiac failure in the first six months of life.[4,5] When congestive cardiac failure is present in the infant with coarctation of the aorta, a cardiac murmur may or may not be heard, and differential blood pressure in the arms and legs, diagnostic in the older child, may not be manifest. The following case illustrates some of the features of coarctation of the aorta when it produces symptoms in infancy.

Case 2 (H11-21-96).—A 3-month-old female infant was evaluated at West Virginia University Medical Center for the complaints of dyspnea and tachypnea, particularly following feedings. The pregnancy, birth, and neonatal history were nonrevealing. Growth and development were within normal limits.

Physical examination revealed a well-developed, well-nourished infant without evidence of cyanosis and in mild respiratory distress. A grade II, harsh, systolic murmur was heard maximally at the apex and well transmitted to the base, left axilla and back. The liver was palpable 4 cm. below the right costal margin, reflecting the presence of congestive cardiac failure. Femoral pulses were weakly palable. Blood pressure taken simultaneously in an arm and leg, using the flush technique, was as follows: Right arm 160 mm./Hg., right leg 90 mm./Hg., left arm 140 mm./Hg. and left leg 90 mm./Hg.

Cardiac roentgenograms indicated biventricular hypertrophy and left atrial enlargement (Figure 2, Upper). The pulmonary fields were within normal limits. The electrocardiogram reflected left ventricular hypertrophy.

The clinical diagnosis was coarctation of the aorta and congestive cardiac failure. Intensive digitalis therapy for the congestive cardiac failure was instituted and the patient dramatically im-

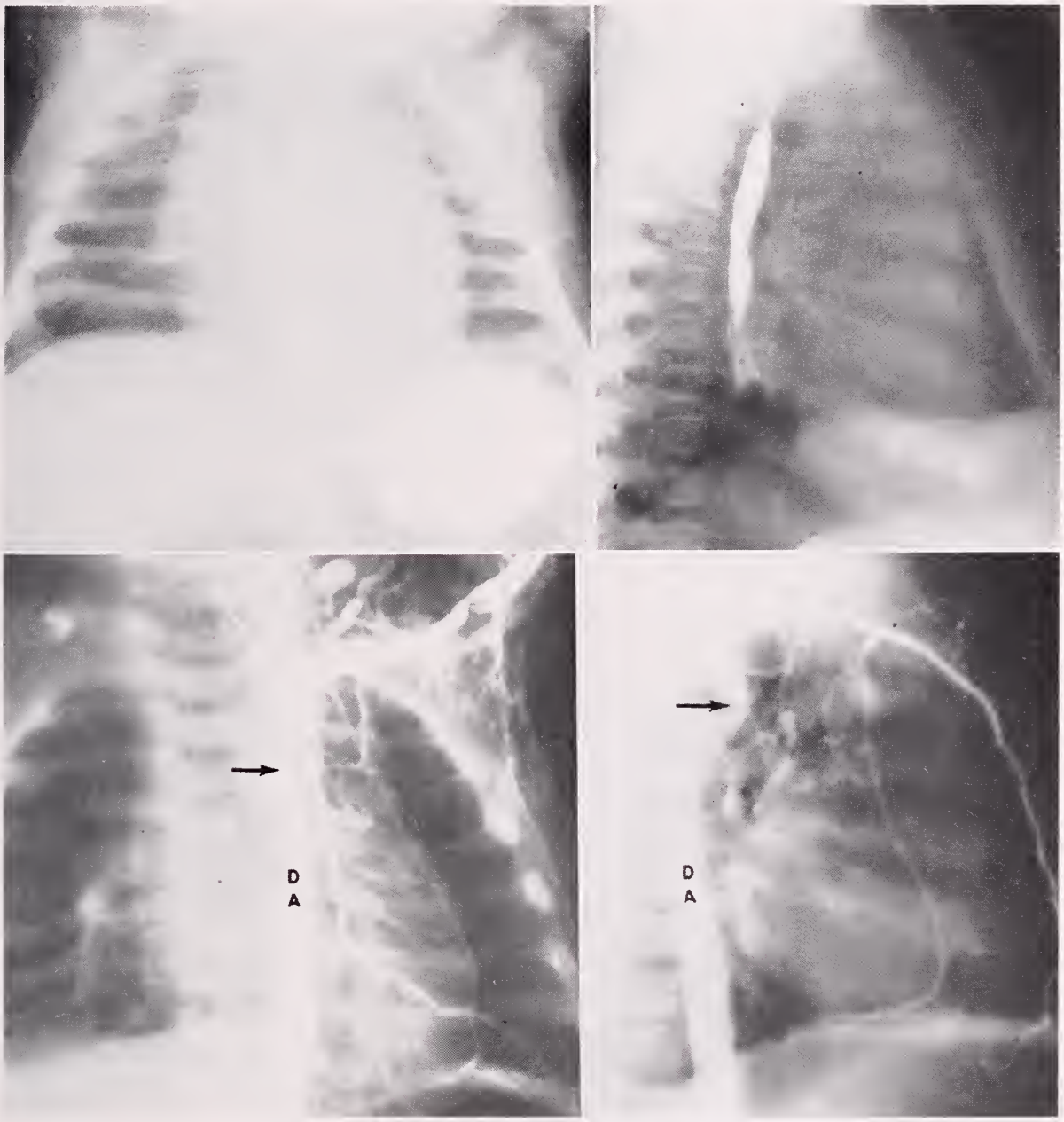

FIGURE 2, CASE 2. Coarctation of the aorta in a 3-month-old girl. LEFT UPPER: Posteroanterior thoracic roentgenogram. Marked cardiomegaly is apparent. The pulmonary vascular markings are normal. RIGHT UPPER: Lateral thoracic roentgenogram. An enlarged left atrium indents the barium-filled esophagus posteriorly. Right ventricular hypertrophy is apparent. LEFT LOWER: Retrograde aortogram, anteroposterior view. Opaque material injected into the left brachial artery fills the arch of the aorta. The coarctation of the aorta (arrow) is just distal to the left subclavian artery, and there is mild post-stenotic dilatation of the descending aorta (DA). Note the extensive collateral circulation. RIGHT LOWER: Retrograde aortogram, lateral view. The arrow identifies the area of coarctation. The anteriorly located vessel is the internal mammary artery and contributes to the collateral circulation about the coarcted segment.

FIGURE 3. Illustration of the simultaneous flush blood pressure apparatus. Two blood pressure cuffs are connected by two Y connectors to a mercury manometer and a pumping bulb. While blood is squeezed from each extremity, cuff pressure is raised above systolic. When the hand and foot are released, they are blanched. As the cuff pressure is slowly lowered, the blanched extremity will flush red when systolic pressure is reached, thus allowing the simultaneous measurement of systolic pressure in both extremities.[5]

proved within twenty-four hours. Retrograde aortography was then performed by injection of opaque material in the left brachial artery. The area of coarctation of the aorta was demonstrated just distal to the origin of the left subclavian artery (Figure 2, Lower).

In view of the patient's excellent response to medical therapy, she is at present being followed conservatively. Recurrence of congestive cardiac failure or other symptoms would dictate surgical resection of the coarctation.

Comment.—The clinical diagnosis of coarctation of the aorta can be suspected on the basis of weak or absent femoral pulses and may be confirmed by demonstration of a significant pressure gradient between the blood pressure in the arms and in the legs (greater than 20 mm./Hg). The difficulty of taking auscultatory blood pressure in the infant and the marked variability in the infant's state of restlessness can be alleviated by the use of the simultaneous flush blood pressure technique as described by Adams and his associates.[5] Two infant sized blood pressure cuffs are connected to the mercury manometer and bulb by a Y connection. A cuff is placed around the arm at the wrist and around the leg at the ankle (Figure 3). Blood is then squeezed from the hand and foot and pressure pumped to above systolic. The extremities are released and remain blanched. The pressure in the cuff is slowly lowered and the extremity flushes red when systolic pressure is reached. The method thus provides a simultaneous estimation of systolic pressure in each extremity and allows comparison of the pressure in the arm and in leg under precisely the same state of restlessness or activity. The value of this simple diagnostic test in the infant with congenital cardiac disease cannot be overemphasized.

Retrograde aortography allows confirmation of the diagnosis of coarctation of the aorta and defines the exact anatomic site and extent of the obstruction. Retrograde aortography thus allows identification of patent ductus arteriosus and coarctation of the aorta, defects correctable without use of cardiopulmonary by-pass and with very modest surgical mortality.

Many infants with symptomatic coarctation of the aorta may be carried over the first difficult months with intensive medical therapy.[6] Nonetheless, some of these infants have profound congestive cardiac failure and only prompt operative intervention will provide the means of survival.[7] The best indication as to the success or failure of medical treatment is the promptness with which congestive cardiac failure is alleviated. If clinical improvement is evident after twelve to twenty-four hours of medical therapy, the prognosis is good on continued medical treatment. If, on the other hand, little or no response is noted within this period, surgical intervention is the treatment of choice.

In the assessment of congestive cardiac failure in infancy, different criteria are required. Pulmonary edema and peripheral edema are rare. On the other hand, cyanosis is a frequent sign and the size of the liver is by far the most accurate physical reflection of congestive cardiac failure. Hepatomegaly in the infant means congestive cardiac failure until proven otherwise.

II. Defects Curable Utilizing Cardiopulmonary By-pass

A. Ventricular Septal Defect.—Ventricular septal defect occurring as an isolated anomaly is the most common congenital cardiac lesion[1] and often causes symptoms in the first year of life. In the West Virginia University series, this anomaly constituted almost one-third of the cases of infants with congenital heart disease seen in the first year of life.

When a ventricular septal defect occurs as an isolated anomaly, it results in the shunting of blood from the left ventricle to the right ventricle and thereby increases the blood flow through the lungs. The magnitude of the left-to-right shunt (and pulmonary blood flow) depends on the state of the small pulmonary arterioles.[8] Normally thick-walled at birth, they limit pulmonary blood flow and allow little or no shunting at this time. With increasing age, however, the pulmonary arterioles become thin-walled, allow greater

pulmonary blood flow, and thereby allow an increased magnitude of left-to-right shunt. The shunt reaches its maximum at approximately three to six months of age, which accounts for the frequent onset of congestive symptoms and congestive cardiac failure in the infant at this age. Should the infant survive this period of maximal pulmonary blood flow, clinical improvement usually occurs around one year of age as a result of medial hypertrophy and intimal proliferation within the small pulmonary arterioles, thus increasing the pulmonary resistance, decreasing the pulmonary blood flow, and reducing the amount of left-to-right shunt.[9] Further progression of this pulmonary arteriolar pathology may ultimately result in greatly increased resistance to blood flow through the lungs, reversal of the shunt, and cyanosis.

The following two cases illustrate some of the features of isolated ventricular septal defect in the infant.

Case 3 (H10-64-52).—A 2-month-old infant girl was referred to West Virginia University Medical Center for cardiac evaluation. In the early neonatal period the patient had two transient cyanotic episodes. She had difficulty in feeding from shortly after birth and weight gain had been extremely poor. A cardiac murmur was first noted at seven weeks of age.

Physical examination revealed a thin, poorly nourished infant who appeared acutely ill. She had dyspnea, tachypnea, and a weak cry. A systolic thrill was palpable along the left sternal border and a grade III, harsh, holosystolic murmur was maximal in the third and fourth left intercostal spaces and widely transmitted to the base and axilla. The second sound in the pulmonic area was accentuated. The liver was palpable 6 cm. below the right costal margin, indicating congestive cardiac failure.

Cardiac roentgenogram (Figure 4) revealed increased vascular markings in the pulmonary fields and prominent cardiomegaly, particularly the right ventricle and left atrium. The main pulmonary artery segment was enlarged. The electrocardiogram reflected biventricular hypertrophy. Intensive medical treatment of the congestive cardiac failure was immediately instituted, and the infant's condition improved slightly. In order to rule out the possibility of an easily correctable lesion, i. e., patent ductus arteriosus, retrograde aortography was performed and revealed no abnormalities of the aorta. After 38 days in the hospital, the patient's condition had improved slightly. It was felt that this improvement was sufficient to allow further trial of medical treatment, and she was therefore discharged. When last seen, at the age of 13 months, she reflected gradual improvement over the intervening period and was following a near normal growth pattern, with no evidence of congestive cardiac failure.

Comment.—Case 3 illustrates one of the common courses followed by the infant with a large ventricular septal defect. While some symptoms were shown in the neonatal period, the maximal degree of symptomatology was reached at approximately three months of age and despite intensive medical therapy improvement was only slight at that time. With increasing age, however, and the apparent increase in the resistance imposed by the pulmonary arterioles, the pa-

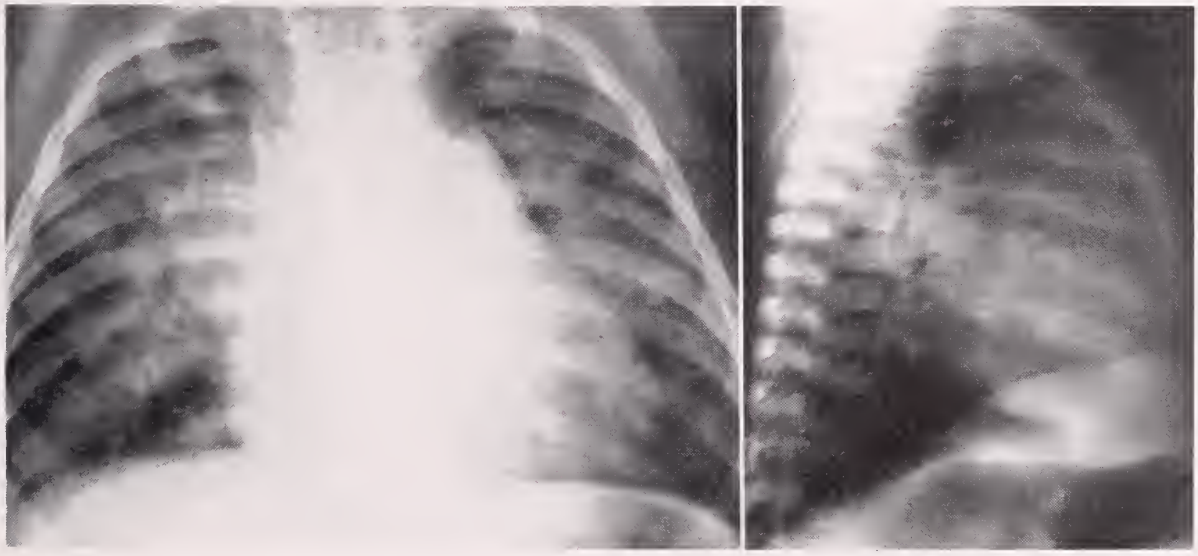

FIGURE 4, CASE 3. Ventricular septal defect in a 2-month-old girl. LEFT: Posteroanterior thoracic roentgenogram. The pulmonary vascular markings are prominently increased. The pulmonary artery segment is prominent. RIGHT: Lateral thoracic roentgenogram. Right ventricular hypertrophy is apparent and the posterior prominence of the heart in this view suggests left atrial enlargement.

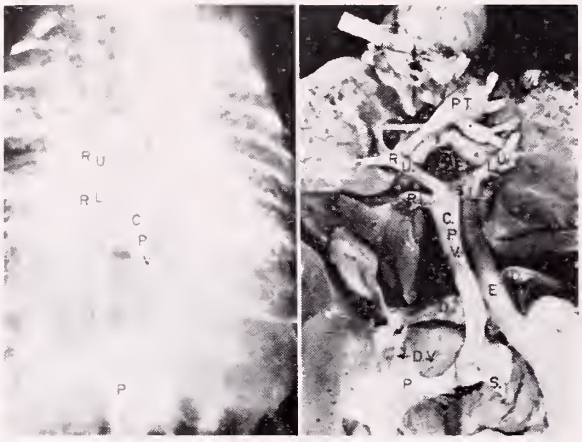

FIGURE 5, CASE 5. Total anomalous pulmonary venous connection to the portal vein in a 6-week-old boy. LEFT: Anteroposterior view of a selective right ventriculogram, a late film. Opaque material has traversed the pulmonary capillary bed and is collecting in the pulmonary veins (RU = right upper pulmonary vein, RL = right lower pulmonary vein). The four pulmonary veins converge to a venous channel termed the common pulmonary vein (CPV) which descends in the thorax, passes through the diaphragm and terminates in the portal vein (P). RIGHT: Thoracic and abdominal organs viewed from front. The heart has been reflected upward. The four pulmonary veins (RU = right upper pulmonary vein, RL = right lower pulmonary vein, LU = left upper pulmonary vein, LL = left lower pulmonary vein) converge to form the common pulmonary vein (CPV) which descends alongside the esophagus (E), passes through the diaphragm at the esophageal hiatus (D), and joins the portal vein (P). The arrows illustrate the site of the anastomosis between the left atrium and the common pulmonary vein. PT = pulmonary trunk. DV = ductus venosus. S = splenic vein.

tient's clinical condition gradually improved as she neared one year of age and has since continued to improve.

The next case to be reported is illustrative of ventricular septal defect in which medical therapy was not successful.

Case 4 (H11-60-70).—A 5-month-old female infant was transferred to West Virginia University Medical Center because of cyanosis and difficulty in breathing. She had appeared normal at birth, but a cardiac murmur was heard at three weeks of age. Subsequently her growth was poor and feeding was difficult.

Physical examination revealed a dyspneic infant who had pronounced subcostal retractions. A right ventricular heave and a grade III, pansystolic murmur throughout the precordium were noted. The second sound in the pulmonic area was accentuated and the liver was palpated 4 cm. below the right costal margin.

Roentgenograms revealed bilateral pulmonary infiltrate, increased vascular markings, prominent pulmonary artery segment, and enlargement of both ventricles and the left atrium. Electrocardiographic changes of right atrial hypertrophy and right ventricular hypertrophy were found.

Intensive therapy directed to the congestive cardiac failure and pneumonitis failed to improve her condition, and she expired on the eleventh hospital day. Autopsy revealed an isolated ventricular septal defect as the only anomaly.

Comment.—In this case, in contrast to Case 3, the patient succumbed despite intensive medical therapy, thus emphasizing the dilemma presented by the infant with a symptomatic ventricular septal defect. The theoretical ideal of treatment, complete correction utilizing cardiopulmonary by-pass, carries a mortality rate of 30 to 50 per cent in patients under one year of age. An alternative operative procedure, palliative in nature, has been proposed by Mueller and Dammann.[10,11] It consists of the placement of a constrictive band of Teflon® or Ivalon® about the pulmonary artery, thus reducing pulmonary blood flow and decreasing the magnitude of the left-to-right shunt. Immediate results of the procedure are marked reduction in cardiac work and alleviation of congestive cardiac failure. Subsequently, as a result of decreased pulmonary blood flow and decreased pulmonary artery pressure, the progressive pulmonary arteriolar changes are prevented.

While curative surgery still must be performed, it now can be safely postponed until the optimal age (4 to 8 years). The method described has been used with considerable success and until such time that curative surgery can be performed at less risk, it would appear as the treatment of choice in the infant with symptomatic ventricular septal defect when medical therapy seems likely to fail.

B. Total Anomalous Pulmonary Venous Connection.—Total anomalous pulmonary venous connection is not one of the more common cardiovascular anomalies but is a highly important one, since it produces extremely variable symptomatology and is fatal within the first year of life in 50 per cent of cases.

This condition may be divided into two hemodynamic categories. In the more common category, pulmonary venous connection either is to the left brachiocephalic vein, superior vena cava, coronary sinus or to the right atrium. In this circumstance, all systemic and all pulmonary venous blood returns to the right atrium and pulmonary blood flow is increased. In a less common category, obstruction to pulmonary venous flow is present as a result of intrinsic or extrinsic narrowing of the connecting vessels. As a consequence, pulmonary blood flow is markedly reduced.[12] The following case is an example of the latter condition.

*Case 5** (H11-26-52).—A 6-week-old male in-

***Previously reported by Lucas et al.[13]**

fant was evaluated at West Virginia University Medical Center. He had been asymptomatic during the first five weeks of extrauterine life. In the week prior to admission, cyanosis was first noticed, followed by progressively increasing dyspnea and refusal to eat.

Physical examination revealed an acutely ill, cyanotic and dyspneic infant with a cardiac rate of 140 and with the liver palpable 4 cm. below the right costal margin. There was no cardiac murmur, and blood pressure was normal in all extremities.

An electrocardiogram and chest roentgenograms revealed right ventricular hypertrophy without enlargement of the other chambers. Roentgenograms also revealed fine, stippled, reticular markings extending from each pulmonary hilus. The markings resembled those of pulmonary edema and are characteristic of pulmonary venous obstruction.

Cardiac catheterization, performed five hours after admission, revealed pulmonary hypertension. Oxygen saturation was 98 per cent in the inferior vena cava above the entrance of the portal vein. Pulmonary venous blood was thus entering the inferior vena cava. Angiography then outlined the anomaly—a common pulmonary vein received all four pulmonary veins and then, rather than emptying into the left atrium, joined the portal vein at its origin from the splenic vein and superior mesenteric vein (Figure 5, Left).

Response to medical therapy was poor, and operative correction was attempted on the second hospital day. Without interrupting venous pathways, a side-to-side anastomosis of the common pulmonary vein and left atrium was performed (Figure 5, Right). This procedure allowed direct emptying of pulmonary venous blood into the left atrium. At the termination of the operation cardiac arrest occurred, and it was not possible to reinstitute a cardiac beat.

Comment.—Prompt catheterization and angiography in this case allowed an attempt at surgical correction in a case in which cardiac failure did not respond to vigorous medical therapy. Correction of total anomalous pulmonary venous connection seems anatomically possible and should be attempted, since when treated only medically, the defect is uniformly fatal in the first few months of life.[12]

III. Defects for Which Only Palliative Surgery Is Presently Available

A. *Transposition of the Great Vessels.*—In this anomaly the great vessels are reversed, the pulmonary artery originating posteriorly from the left ventricle and the aorta arising anteriorly from the right ventricle. As a consequence, two independent circulations are present. It is obvious that the defect is not compatible with life unless communication between the two separate circulations exists. Such communication, which will allow mixing of the two blood supplies, may be a patent ductus arteriosus, a patent foramen ovale, an atrial septal defect, a ventricular septal defect, or a combination of these. In the case of the patient with transposed great vessels in which such communication is not present or in which the communication present at birth closes, i.e., patent ductus arteriosus, mixing of blood between the circulation is inadequate and death ensues. Surgical creation of an atrial septal defect in such a circumstance may be lifesaving.

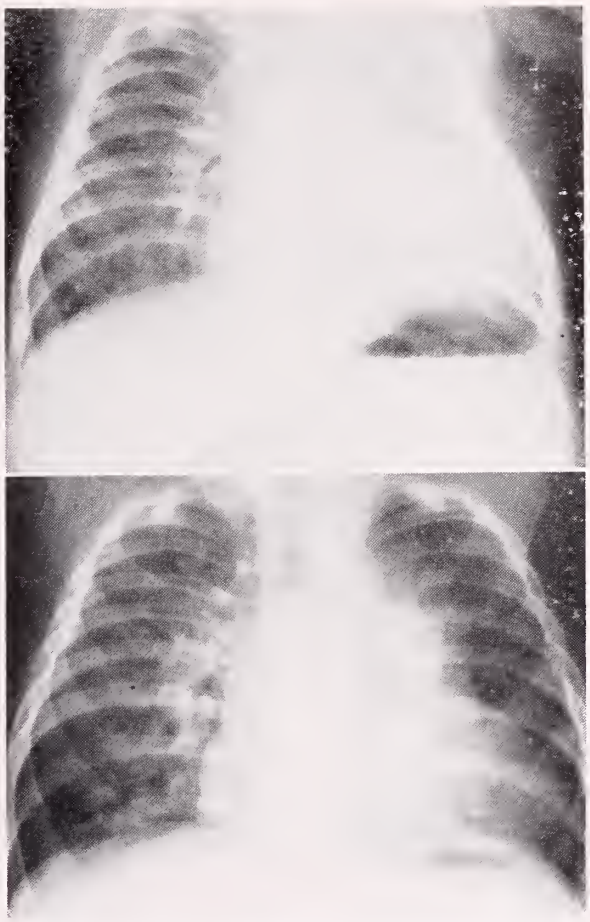

FIGURE 6, CASE 6. Complete transposition of the great vessels. UPPER: Posteroanterior thoracic roentgenogram at 3½ months of age. There is almost complete atelectasis of the left lung. The heart is enlarged, and the pulmonary artery segment is prominent. Markings of the right pulmonary field are increased. LOWER: Posteroanterior thoracic roentgenogram at 10 months of age (6 months after banding the pulmonary artery.) The atelectasis of the left lung has completely resolved. The pulmonary vascularity is less prominent. There remains cardiomegaly and prominence of the pulmonary artery segment.

Transposition of the great vessels additionally subjects the lungs to systemic pressure which

results in greatly augmented pulmonary blood flow, pulmonary congestion, congestive cardiac failure and, ultimately, a degenerative pulmonary vascular disease. The following case report illustrates some of the problems encountered in a case of transposition of the great vessels.

Case 6 (H10-28-57).—A 3½-month-old female infant with transposition of the great vessels was transferred to West Virginia University Hospital for treatment of complete atelectasis of the left lung. She was cyanotic at two weeks of age.

Evaluation at one month of age in another hospital revealed no cardiac murmur, a characteristic egg-shaped heart with a narrow cardiac base and markedly increased pulmonary vascular markings. The infant was in severe congestive cardiac failure which responded to medical treatment. Angiography confirmed the diagnosis of transposition of the great vessels. At two months of age an atrial septal defect had been surgically created to allow better mixing of the arterial and venous blood. During the postoperative period, complete atelectasis of the left lung had developed and did not respond to the usual medical treatment.

Examination on admission to West Virginia University Hospital revealed a 3½-month-old infant who was small for her age and moderately cyanotic. A grade II, harsh, systolic murmur was heard over the precordium. There was evidence of chronic congestive cardiac failure. Chest roentgenograms revealed massive cardiomegaly with prominent enlargement of the pulmonary artery and marked left atrial and right ventricular enlargement. The pulmonary markings on the right were prominently increased and there was complete atelectasis of the left lung (Figure 6, Upper). It was postulated that the atelectasis was due to a "hemodynamic vise" about the left main stem brochus, consisting of the enlarged, tense, pulmonary artery posteriorly and above, and the enlarged, tense, left atrium anteriorly and below.[14] There also was evidence of a greatly augmented pulmonary blood flow. Banding of the main pulmonary artery to decrease pulmonary blood flow and thereby decrease the size and tension of the left pulmonary artery was proposed as a palliative measure. In addition, reduction of pulmonary blood flow would alleviate the congestive cardiac failure and allow decrease in size of the left atrium. Thoracotomy was performed and a Teflon® band placed around the pulmonary artery. Postoperatively, pulmonary blood flow was reduced, congestive cardiac failure relieved, and as a consequence the "hemodynamic vise" about the left main stem brochus was alleviated and the left lung atelectasis resolved. When last seen, at sixteen months of age, this patient had mild growth retardation and minimal cyanosis but had had no other symptoms for over one year.

Comment.—In this case two palliative surgical procedures succeeded in (1) providing adequate mixing between the two independent circulations and (2) reducing the massive pulmonary blood flow thereby relieving congestive cardiac failure and atelectasis of the left lung. While the cardiac anomaly has not been "cured," the patient's clinical course postoperatively is extremely gratifying and it is not inconceivable that she ultimately will benefit from curative cardiac surgery.

In addition to transposition of the great vessels, many other cardiac lesions can be surgically palliated with good clinical results. Among these are tetralogy of Fallot, pulmonary artery atresia, tricuspid valve atresia and single ventricle.

Summary

The diagnosis and methods of treatment of congenital anomalies in the first year of life are discussed. While approximately half of the infants born with heart disease succumb in the first year, in many cases the lesion is correctable or can be palliated. Appropriate treatment in these cases depends on prompt and accurate diagnosis.

Difficulties in diagnosis in this age group are emphasized and available diagnostic tools are illustrated. Current principles of therapy in the infant with congenital heart disease are defined.

References

1. Fontana, R. S. & Edwards, J. E.: Congenital Disease, Philadelphia, W. B. Saunders Company, 1962, pp. 13-20.
2. Ibid., p. 21.
3. Krovetz, L. J. & Warden, H. E.: Patent Ductus Arteriosus, Dis. of Chest 42:46-57, 1962.
4. McCue, C. M. & Young, R. B.: Cardiac Failure in Infancy, J. Pediat. 58:330, 1961.
5. Adams, P., Jr., Keele, M. & Barnonofsky, I.: Coarctation of the Aorta, Lancet 75:66, 1955.
6. Lang, H. T., Jr. & Nadas, A. S.: Coarctation of the Aorta With Congestive Failure in Infancy: Medical Treatment, Pediatries 17:45, 1956.
7. Glass, I. H., Mustard, W. T. & Keith, J. D.: Coarctation of the Aorta in Infants: A Review of 12 Years' Experience, Pediatrics 26:109, 1960.
8. Lucas, R. V., Jr., Adams, P., Jr., Anderson, R. C., Meyne, N. G., Lillehei, C. W. & Varco, R. L.: The Natural History of Isolated Ventricular Septal Defect. A Serial Physiologic Study. Circulation 24:1372, 1961.
9. Dammann, J. T., Jr. & Ferencz, C.: Significance of the Pulmonary Vascular Bed in Congenital Heart

Disease. III. Defects Between the Ventricles or Great Vessels in Which Both Increased Pressure and Blood May Act Upon the Lungs and in Which There is a Common Ejectile Force, Am. Heart J. 52:210, 1956.

10. Mueller, W. H., Jr. & Dammann, J. F., Jr.: Treatment of Certain Congenital Malformations of the Heart by Creation of Pulmonic Stenosis to Reduce Pulmonary Hypertension and Excessive Pulmonary Blood Flow, Surg., Gynec. & Obst. 95:213, 1952.

11. Morrow, A. G. & Braunwald, N. S.: Surgical Treatment of Ventricular Septal Defect in Infancy: Technic and Results of Pulmonary Artery Constriction, Circulation 24:34, 1961.

12. Lucas, R. V., Jr., Adams, P., Jr., Anderson, R. C., Varco, R. L., Edwards, J. E. & Lester, R. G.: Total Anomalous Pulmonary Venous Connection to the Portal Venous System: A Cause of Pulmonary Venous Obstruction, Am. J. Roentgenol. 86:561, 1961.

13. Lucas, R. V., Jr., Anderson, R. C., Amplatz, K., Adams, P., Jr. & Edwards, J. E.: Congenital Causes of Pulmonary Venous Obstruction, Ped. Clin. North America, Aug. 4, 1963.

14. Rivkin, L. M., Read, R. C., Lillehei, C. W. & Varco. R. L.: Massive Atelectasis of the Left Lung in Children With Congenital Heart Disease, J. Thorac. Surg. 34:116, 1957.

Manuscript Information

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What to Tell Young People About Alcohol and Narcotics*

David W. Northup, Ph. D.

The courses which from time to time have been taught in our public schools about alcohol and narcotics have not been conspicuously successful in reducing the rate of addiction to these drugs. While many factors undoubtedly are involved in the poor showing, one in particular stands out in my mind as contributing heavily to the failure of education in this field and that one is gross carelessness with scientific fact. The courses all too often have borne close resemblance to the old-fashioned temperance lecture. Emphasis has been on attempting to scare the young person so badly that he will never touch liquor or drugs. As an example, alcohol is described as a "poison," meaning to most people a substance which, in relatively small dosage, will kill you or, at least, make you dreadfully sick. And alcohol definitely does not fall in this category. The statement also is made that alcohol is a "narcotic." Strictly speaking, this is true if its pharmacologic definition, i.e., "any drug which produces sleep" be accepted. But to most people the word "narcotic" means an opiate such as morphine or other opium derivative. And, again, alcohol distinctly does not fall in the category.

Sometimes there is overemphasis on the diseases of the chronic alcoholic, and on the tragedies of broken homes when alcohol afflicts one or both parents. While these things do exist and represent very serious problems indeed, they are the exception rather than the rule amongst users of alcohol. The child can see all around him moderate users of alcohol who are in perfect health and who live in happy homes. This is especially true of the child whose parents are users of alcohol to a degree compatible with health and happiness. He just cannot believe all the evils that have been spread before him. In other words, he concludes that he is being lied to and therefore rejects everything that is presented to him on the subject. Unfortunately, this child's disbelief in what is told him about alcohol carries over into the field of much more dangerous drugs such as morphine, heroin and related substances. It is difficult to exaggerate the dangers of these agents, but the exaggeration in discussing alcohol immunizes the child against the genuine facts about more hazardous drugs.

The Author

- **David W. Northup, Ph. D., Professor and Chairman, Department of Physiology, West Virginia University School of Medicine, Morgantown, West Virginia.**

What, then, should we tell our young people about alcoholic beverages? What are the facts that they should know?

In the first place, it must be recognized that a lot of people are going to use alcohol regardless of what is done about it. Wine and beer have been used by the human race since before the dawn of history, and it must be concluded that they satisfy a genuine human need and presumably do it better than anything else. If a superior agent had been found, it would have replaced alcohol as the gun replaced the bow and the internal combustion engine the horse. A superior invention supersedes those which do not work as well.

Need for Alcohol Multifaceted

This need for alcohol probably is multifaceted, with tension and its release on a prominent plane. The business man who drinks a cocktail at the end of the day does so to "unwind." What this means is that with the aid of alcohol he rids his mind of business worries and turns his thoughts to matters conducive to relaxation and rest. Without some such device, ulcer, "nervous breakdown," and other undesirable sequelae of continuous anxiety probably would be much more prevalent. Then there is the individual who seeks the aid of alcohol in overcoming shyness and diffidence in social contacts. Not everyone is thus afflicted but the number is such that it has become an established fact that a party is much more of a success as soon as everyone has had a couple of drinks. As Ogden Nash observes, "Candy is dandy but liquor is quicker." There are other ways in which alcohol can be used for man's benefit but these two come most readily to mind.

*Presented before the Cedar Lakes State Health Workshop at the Cedar Lakes State FFA-FHA Camp near Ripley, W. Va., April 23, 1963.

Submitted to the Publication Committee, April 24, 1963.

It is true that religion or philosophy, or both, will release tension for some. Training can overcome shyness. And there are useful drugs other than alcohol. But religion, philosophy and training are of limited value and apparently can be used to advantage by relatively few. Of the other drugs which might substitute for alcohol, all of them, in so far as I know, are at least as dangerous as alcohol and most of them perhaps more so. Advocates of the prohibition of alcoholic beverages are wont to say that if there were no alcohol there would be no alcoholics. This obviously is true, but then the question arises, "If the individual were not an alcoholic, what would he be?" and the answer all too often might be "something worse."

I believe, therefore, that our young people should be taught that in our culture alcohol is a part of life, that taking a drink not only does not represent catastrophe but, in proper circumstances, may confer certain benefits, that moderate indulgence in alcoholic beverages is a pleasant experience, but that the use of alcohol is accompanied by certain dangers against which the user should be on guard.

Dangers of Alcohol

What are some of these dangers? To begin with, alcohol is a central nervous system depressant and therefore will interfere with the performance of skilled acts and with the exercise of proper judgment. The person who has taken rather small amounts of alcohol, even as little as to produce not more than 0.1 per cent in the blood, is not as good as he was beforehand, though he thinks he is better. For some skilled acts such as, for instance, typing, the interference is merely an annoyance; for others such as driving a car or flying a plane, it is dangerous in the extreme. In sports participation the smallest amount of alcohol interferes with peak performance. That is not to say, however, that indulgence the previous evening is necessarily deleterious, especially if moderation be observed. Many professional athletes relax with alcohol after a contest, but not before. If they use it beforehand they don't last long as athletes.

There are special circumstances in which alcohol seems to improve performance. An example follows: A test was made to determine the effect of a small amount of alcohol on driving skill. Under police supervision drivers backed their cars into a narrow stall, correcting positioning until the cars were placed straight in the stall. The number of efforts made to achieve correct position in the stall were recorded. Then the drivers took one drink and tried again. Their scores improved, and to a greater extent than could be accounted for on the basis of the practice obtained in the first attempts. What was operating here was the sedative effect of alcohol in combating nervousness. The watchful police produced in the subjects overanxiety to do well which interfered with their normal skill, and alcohol in a small amount corrected the "pressing" which resulted. Here the gain was greater than the slight loss in coordination resulting from the drink. It is to be noted that a second drink began to impair the scores.

Another, though perhaps very dubious, circumstance in which alcohol is claimed to improve performance is that of writing. Some authors have claimed that they cannot do their best work unless they are drinking. Whether or not this is true I do not know. It certainly is not true of me, but then I am no Edgar Allen Poe. Which reminds me that more than one author has drastically shortened his life by stimulating his imagination with liquor.

And an additional situation in which alcohol can improve performance is that in which achievement is impaired by fatigue. Since alcohol dulls the sense of fatigue, continued activity may become possible by its use. The application here is more to activity which requires brute force rather than fine coordination. I doubt that driving an automobile can be improved by drinking, in any circumstances, unless the highly special case of driving supervised by the police, as mentioned earlier, be an exception.

Addiction Liability of Alcohol

The greatest danger in drinking, however, is the possibility that one may become an "alcoholic," that is, he may become addicted to alcohol. (Addiction may be defined as psychological and physical dependence on a drug: intense craving and physical illness following deprivation). Just how great is this danger? If you use alcohol, what are the chances that you will become an alcoholic? In other words, what is the addiction liability of alcohol, the percentage of users who become addicts? Our trouble in answering is due to the unreliability of the statistics in this field. Counting alcoholics with any degree of accuracy is an almost impossible task. Many of them refuse to come forward and be counted, and others manage to get counted two or three times or more. This is because the alcoholic gets counted when he comes in contact with a doctor or a hospital for treatment as an alcoholic, or otherwise gets diagnosed. So, if in the course of the year for which a count is made, he sees two doctors and gets hospitalized twice for alcohol-

ism, he gets counted four times. If he stays away from the medical profession, he doesn't get counted at all. To what degree these errors cancel each other out is not known.

According to statistics compiled in West Virginia some years ago, about 2 per cent of the population suffers from alcoholism. Extending these figures to the United States as a whole, we arrive at an approximate total of 3,600,000 alcoholics. How many people drink? In a questionnaire distributed to college students all over the United States, roughly 72 per cent admitted using alcohol. If we assume that drinking begins at about age 16, and that there are 122,000,000 persons in the United States 16 and over, and if we extend the college figure to this population, then there are about 90,000,000 users of alcohol in this country. We arrive at a figure of one person in 25 who use alcohol as being an alcoholic; the addiction liability of alcohol is about 4 per cent. Those of you who know something about statistics will recognize that there are some pretty shaky assumptions in arriving at this figure, but at least we have a figure. It could be called a semi-educated guess, but I think it is better than some of the figures which have been published in this field.

So, for anyone who drinks, his chances of becoming an alcoholic are about one in 25. If he is Irish, or an American Indian, his chances are increased. If he is a salesman, or a bartender, or a farmer, or the wife of a junior executive, again his chances are increased. And at present, male alcoholics apparently outnumber females by about three or four to one, but the women are gaining all the time.

I must conclude that people are going to drink, and that the majority of them are going to drink, no matter what is done about it. So far, all attempts to prohibit the use of alcoholic beverages have been conspicuous failures. Therefore, the answer is education. Our young people should be thoroughly familiarized with the scientific facts about alcohol, what it does and does not do; they should be taught the danger signs; that the use of alcohol by the individual is becoming abnormal; that addiction is a real and present danger.

We have no means at present by which we can detect the sort of person who will become an alcoholic. The matter is under active investigation by several workers, and right now we know something about the personality of people who are already alcoholics, but I think their psychological differences originated in their alcoholism, and were not the cause of them. My guess is that the basis of alcoholism is in large part biochemical; something in the way the body handles alcohol is different in the alcoholic. Since some individuals drink normally for a time, sometimes a long time, before they become alcoholics, this difference is probably usually latent, to be brought out only by continued use of alcohol.

Early Signs of Chronic Alcoholism

Since we have no reliable means of predicting whether or not a particular person is going to become an alcoholic, anyone who uses alcohol should be familiar with and on the lookout for the early signs of alcoholism. Of these, perhaps the earliest is dependence on alcohol for psychological aid in particular circumstances or at a particular time of day, accompanied by distinct mental unease if deprived of the expected drink. In fact, acute disappointment at not getting an expected drink in any circumstances is a danger sign. If anyone who uses alcohol exhibits this symptom, he had better practice doing without his highball part of the time, and if this doesn't prevent dependence, he had best quit drinking entirely. It is quite possible to get along without alcohol. Thousands do.

Another early sign of susceptibility to alcoholism is a tendency to drink more than anyone else at a party. That is not to say that such an occurrence once or twice is a danger sign, but if it happens again and again, the drinker should take warning.

Late Signs

Later on in the potential alcoholic's drinking career other signs appear, indicating a closer approach to the danger line. These include belligerance while intoxicated, a tendency to drink alone, "blackouts," and the use of alcohol as a hangover cure the morning following overindulgence.

Taking the above signs up in order: Since the depressant effect of alcohol on the central nervous system involves the highest centers first, our social controls tend to slip, and emotions which normally are concealed are freely in evidence. The normal drinker becomes sentimental or sad but, for unknown reasons, the alcoholic wants to fight. Drinking is primarily a social custom, so much so that a man stepping into a bar for a drink always wants to talk to someone while imbibing, and will talk to the bartender if no one else is handy. He feels subconsciously that there is something wrong in drinking all alone. But the alcoholic's need for alcohol is so pressing that he no longer bothers about the social aspect of drinking, and he starts to drink alone in his room.

The "blackout" is a period, sometimes short, sometimes of considerable length, of amnesia during a drinking episode. In the alcoholic such a period of amnesia may begin after a very few drinks and may last a week or more (I have heard of one case in which the amnesia lasted for six months), but in the borderline case it usually is confined to the latter part of an evening of drinking after a considerable quantity has been consumed. The victim simply may fail to remember how he got home from the party. The use of alcohol as a hangover cure is a very dangerous practice indeed. A normal drinker when he has overindulged is repelled by the thought of drinking the next morning. He wants aspirin and black coffee. The morning drink, "eye-opener," "hair of the dog that bit you," works by restoring the intoxicated state to a mild degree and is likely to lead before long to two morning drinks, then three, then full fledged alcoholism. The progression frequently does not take long—a month or two. The morning drink is a late symptom of alcoholism. Following these signs appears the inability to stop drinking when once started, leading to prolonged sprees. The patient now needs expert help; he is a chronic alcoholic or "habitual drunkard," as the legal term has it.

The availability of expert help is something everyone needs to know about. In spite of our best efforts, there undoubtedly always will be an irreducible minimum of alcoholics. State and private institutions, Alcoholics Anonymous and psychiatrists can now do a great deal in the treatment of alcoholism, and research is continuing.

Narcotic Drugs

There remains the problem of narcotic drugs, by which I mean those drugs with an addiction liability, including heroin, morphine, cocaine and the barbiturates. Except for their legitimate medical use by physicians, there is nothing to be said in their favor. For heroin, morphine and, probably, cocaine, the addiction liability is 100 per cent and in the case of heroin, addiction may occur with use for as short a period of time as one week. Morphine may take a little longer, but anyone using it long enough will become addicted. And addiction to these drugs is a grave condition indeed. Young people should be made to understand fully the consequences of the use of these drugs: loss of health, both mental and physical, an economic drain (illegal drugs are fantastically expensive) so severe as to lead inevitably to crime and, perhaps most frightening to the young, complete loss of interest in the opposite sex.

Tobacco

Maybe something should be said about tobacco. The subject remains controversial, but the statistics have impressed me enough so that after forty years of smoking cigarettes, I stopped.

How Low Is Low?

The Special Committee on Aging of the United States Senate has completed hearing testimony on fraudulent practices directed in large part to old people. The facts presented were sad and shocking. It is difficult to keep up with the predators—they come up with a new angle almost every day.

One case recently disposed of in the courts concerned a so-called remedy called "Admiral" Sea Salt. The manufacturers were prosecuted for fraudulent claims. Reading the brochure would leave one with the impression that the product was effective in the prevention or treatment of arthritis, baldness, cancer, dental caries, diabetes, fits, graying hair, insanity, sterility, and many other conditions. How cleverly this was zeroed in to the afflictions and uncompromising changes of aging! The court ordered the brochures destroyed. Curiously enough, the material was ultimately disposed of for use in removing snow and ice.

Another scheme is that of the so-called heating-plant inspector who persuades nervous old folk to change or modify their heating systems unnecessarily at a very tidy profit to themselves.

Real-estate swindlers practice among the elderly, selling "dream" lots in the ideal climate sight unseen to the gullible. Well over $500 million has been paid for worthless land in deserts, swamps, jungles, and on steep mountainsides.

No legislation will be proposed to protect the elderly from this new type of racketeer who could well be classed with the illegal narcotics heirarchy—as low as they come.—New York State Journal of Medicine.

Special Article

Progress in Cancer Research*

John R. Heller, M. D.

To assess progress in research on neoplastic disease, it seems necessary to define the parameters of the phenomenon we call cancer.

It is repetitious to say that cancer is unique in medicine. But ever since physicians, as far back as Hippocrates, first used the term, "cancer," there has been an aura of mystery about abnormal growth that persists to this day.

But in seeking definitions or delineations, one must look for common factors among the many manifestations of cancer. The first, obviously, is "abnormal cellular growth," but we do have aberrations of cells, such as metaplasia and hyperplasia, and many alterations in serological cells which do not fall in the category of cancerous disease. We therefore need to add the qualification "malignant" to "abnormal cellular growth," implying metastasis, the process whereby aberrent cells spread to new locales and establish new and lethal colonies of growth.

In general, the definition encompasses all forms of cancer, including the leukemias which until only a few years ago were not included in the international classification of cancer.

Pathologists may take issue with the simplicity of the definition and of course there are countless nuances in the morphological and physiological expressions of neoplasm. But for our purpose, in the long view, we can observe this class of illness as a single disease, although we will see that investigation of its causes and development of control methods comprise what is now the most complex and greatest concentration of talent and effort in the history of medicine.

Serendipity a Way of Life

It also seems necessary to remind ourselves that the research attack on cancer no longer can be viewed within the narrow confines of assault on a single disease. Science today has developed its resources to the point at which its basic investigations have yielded and will continue to yield information that is applicable to the control of many, if not all, of the diseases that afflict man. Serendipity is a way of life with today's investigator.

The cancer scientist who, seeking a carcinostatic chemical, finds a compound now popularly useful in controlling weeds in our lawns, is not unusual. Some of the new blood coagulants were products of basic probing of serological abnormalities. Development of radioiodine therapy for thyroid cancer gave medicine a new treatment for hyperthyroidism.

Of the degenerative diseases affecting vital human tissue, e.g., the heart, the circulatory system, and renal, hepatic and pulmonary organs, much is being learned through fundamental cancer research that eventually will improve the prognosis of other illnesses arising from degeneration of vital functions, a development due to the nature of cancer.

Man and the Infinite

There is a popular view among scientists today that the final assault on cancer will result in intimate knowledge of processes at the cellular and systemic levels which will give man a profound control of life, perhaps approaching the infinite.

Before assuming, however, that I imply that such knowledge is necessary for a practical control of cancer, let me hasten to point to the remarkable progress already made with what might be termed as only the rough products of empirical seeking.

A Brighter Horizon

It must be admitted almost at the risk of boredom that cancer "cures" still are regularly possible (with the exception of a couple of rare instances) only by the use of surgery or irradi-

The Author

- **John R. Heller, M. D., President, Memorial Sloan-Kettering Cancer Center, New York City.**

*Presented before the annual meeting of the West Virginia Chapter of the American Academy of General Practice in Charleston, May 24-26, 1963.

Submitted to the Publication Committee, May 24, 1963.

ation, or both. Yet we have improved the cure rate over the last two decades from one in seven to about one in three of all cases of cancer.

Some of the clinical advances, with which I am sure you are familiar, have produced a rapidly declining death rate from uterine cancer, once the most destructive of neoplasms in the female. Improvement has been shown also in the cure rate of breast cancer, now "cured" in nearly 50 per cent of cases and, of course, in that of cancer of the skin, always theoretically highly curable but now, in practice, cured in 80 per cent of cases. Added to these has come improvement in the cure rate of cancer of the stomach, the prostate, the liver and the esophagus, and a remarkable decline in stomach cancer deaths which, however, reflects an-as-yet unexplained decrease in incidence.

One can ascribe these improvements largely to earlier diagnosis without in the least decrying the vast improvement extant in the modalities of therapy. It would be impossible to say, however, to what extent the improvement may be due to early case finding or adequate treatment, although it must be obvious that better diagnosis and earlier detection have made improved treatment practicable.

Inside Memorial

Let me cite some observations from our own institution, Memorial Sloan-Kettering Cancer Center. Over the past decade, evidence for both claims could be presented. It must be realized, nevertheless, that the average case at Memorial Hospital is generally concerned with the more difficult type of cancer and that the disease usually is farther advanced than it is in the case of the patient appearing at the average practitioner's office. Yet, statistically, Memorial's average five-year survival rates are found to be somewhat better than the national average. I cite this merely to illustrate that modern therapy with adequate facilities is capable of managing some of the moderately advanced cancer states whereas a few years ago, only stage one cancer was considered amenable to cure.

It is quite probable, however, that a point of optimal yield with these modalities eventually will be reached. Furthermore, human nature being what it is, the patient who disregards early lesions never can be expected to vanish entirely. Nor can medicine expect to achieve anything like 100 per cent efficacy in control of cancer even with the distant hope of developing an effective cancer preventive such as a vaccine. Hence it still will become necessary to acquire the means of controlling metastatic cancer one way or another. Will medicine be able to do this? So far the signs all point to eventual success in acquiring control over widely disseminated cancer cells.

Chemicals for Control

The first line of attack with reference to control—chemotherapy—already has produced evidence of selective carcinostatic control of one type of neoplastic cell—in choriocarcinoma in the female. The clinical trials of Li and Hertz with Methotrexate® have produced five-year survivals in about 50 per cent of cases treated so far.

The usefulness of amethopterin in acute leukemia also has been demonstrated although like other antimetabolites, its effectiveness is temporary. Some twenty other antimetabolites, polyfunctional alkylating agents, steroid hormones, and antibiotics frequently have proved effective in creating temporary remissions in leukemia and in producing regression in a few solid tumors.

It is true that selective carcinostatic chemicals have not been found although hundreds of thousands of compounds have been screened. But the phase merely of testing already-existing chemicals is over. Now we have developed more efficient criteria for mass selection. Now it is possible to anticipate what classes of compounds may have growth-inhibiting properties and, moreover, our biochemists now are making to order chemicals calculated to affect some susceptible point in the metabolic scheme.

Meanwhile the search for an Achilles heel goes on and biochemical differences between malignant and normal cells are emerging though none has yet appeared to be distinct enough to serve as a potential point of attack.

The technique, however, of sequential or combined chemotherapy is beginning to prove more effective than the use of a single drug and some hope is held that this eventually may produce a method of control for some forms of neoplastic growth.

Actinomycin D which was disappointing when used initially, alone, has shown promising results when used sequentially with radiation, particularly in the treatment of Wilms' tumor.

It now appears that the effects of radiation can be potentiated by the effects of chemotherapy.

The Virus: Indictment Sought

Chemicals soon may have a completely new role in attacking the cancer cell, if it can be clearly shown that viruses are implicated in the etiology of human cancer.

Beyond the possibility of stimulating antibody defenses to combat a postulated human cancer virus, a new challenging area possibly will emerge in which chemicals sophisticated enough to alter or inhibit a particular virus molecule will be sought. This may be in the not too distant future.

More immediate is the search to heighten the body's own immune reaction. The existence of antibodies to human cancer has not been demonstrated to the satisfaction of many observers although some suggestive evidence exists. At the test animal level, however, the evidence is clear.

The existence of antibodies against viral cancer has been demonstrated. Eddy and others have stimulated antibodies in polyoma-virus-infected animals.

How soon we may expect new evidence to demonstrate that viruses are implicated in cancer in man remains an open question. It is the view of some observers that this knowledge cannot long elude science if, in truth, it exists. Attempts to isolate viral factors in human cancer material already have been described. That an immense effort in this direction will continue is assured.

Neoplastic growth involving, as it does, such a broad spectrum of medical research will require continued increment in effort and resources if all the answers are to be obtained. One area of exploration, the search for better means of finding cancer in its earliest stages, is receiving high priority. Its benefits in yield of human lives is obvious. Probably no other phase of cancer research has had as many false starts. Scores of apparently promising leads for developments of a practical blood test for malignant growth have flooded across the laboratory scene, only to be found wanting in the final analysis.

The Enzymes Sign In

Most recently progress in enzymology has raised new hopes that a method of signaling the presence of tumor tissue in the human organism will be developed. Progress so far has shown that tissues have their own distinctive enzyme signatures and subtle but measurable changes appear to take place in the presence of some diseases, including cancer. What remains to be done now is to develop these techniques to the point where diagnosticians can read cancer's "signature" in this new enzyme language.

Such measures undoubtedly will heighten the steady progress in saving more lives with the tools we have at hand.

It must be said finally that much of the responsibility for implementing clinical research in cancer rests with the practicing physician. The general practitioner will continue to face the grave challenge inherent in the knowledge that the life of the cancer patient rests in the hands of the first doctor who sees him. And although new tools will continue to be forged in the great research centers and experts will continue to seek the final answers to the problem, the slow but rewarding accrual of lives saved today can go steadily forward as long as the family doctor keeps high his index of cancer consciousness and takes a leading part in arousing the public to a fulfillment of its responsibilities in fighting malignant disease.

God Healed Them

In the sixteenth century a former rustic barber's apprentice revolutionized the treatment for gunshot wounds, when, as a military surgeon, he stopped the practice of cauterizing wounds with hot oil. Of his surgical successes this immortal surgeon Ambrose Paré supposedly said, "I dressed the wounds, God healed them."

In this day of modern medical miracles it behooves us all to remember this simple statement. We live in the day of scientific wonders; of artificial kidneys and dacron aortas; of cardiac surgery and mechanical pacemakers; of transplanted kidneys and corneas.

It sometimes seems as if these wonders, these medical and surgical marvels, were created by the hand of man alone. In the quiet of our contemplations following the successful outcome of a complex case, however, we realize that we were not working unaided.

The physician of today must guard against the temptation to assume alone the credit for this skill and ability. He must avoid the temptation "of vanity and self reference which accompanies great and even small reputations."

Let us all remember not the statement of the Russian cosmonaut who said that in his flight through space he was unable to detect any hint of the presence of the Almighty.

Rather, as physicians, let us recall the words of Ambrose Paré, "I dressed the wounds. God healed them."—Robert F. Lorenzen, M. D., in Arizona Medicine.

97TH ANNUAL MEETING

of the

West Virginia State Medical Association

The Greenbrier

AUGUST 20-22, 1964

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The President's Page

A New Mental Health Planning Program

I desire to call to the attention of the entire membership of the West Virginia State Medical Association, and all County Medical Societies, that a new Mental Health Planning Program is now being developed throughout the State. Similar plans are being developed in many other states of the nation.

The basic plan for this program was presented by the State Director of the Department of Mental Health to the Advisory Committee on Mental Health appointed by the Governor. The Advisory Committee, which is composed of representatives from organizations throughout the State, both lay and professional, representatives from various departments of the state government, and legislative leaders, met at the Capitol in Charleston on October 8.

The ultimate aim of the proposed planning effort, as stated at the Advisory Committee meeting, is to identify (1) Existing needs for mental health services in each community; (2) The extent to which these needs are currently being met by either public or private resources; and (3) The effective means of meeting these needs for which current facilities are inadequate.

Following this meeting seven regional committees were appointed throughout the State. In addition, several task force committees and local committees within each region have been or will be appointed. Some of the regional and local committees have already held organizational meetings.

The ramifications of this program are tremendous. It is imperative, therefore, that careful planning and guidance must come from those individuals in each community, county and region who are best qualified by training and experience, and who have keen insight as to actual problems and needs. In the light of federal legislation which was passed recently by Congress, the funds will be available to the states in the future and must be used wisely.

The State Medical Association and our County Medical Societies must formulate definite plans concerning this Mental Health Program so that we will be in a position to give definite, concrete advice to the various committees. During the detailed planning stage of this program, the medical profession will be consulted and will be able to render invaluable assistance and advice.

Charles L. Goodhand

Charles L. Goodhand, M. D., President

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EDITORIALS

ALCOHOL AND YOUTH

Elsewhere in this issue of *The Journal* appears an article by David W. Northup, Ph.D., Chairman of the Department of Physiology at the West Virginia University School of Medicine. While this article is not presented from the physician's point of view the Publication Committee decided to include it in *The Journal* as one approach to the problem of alcohol and youth.

Certainly we often underestimate the ability of youth to receive and evaluate facts; and, err in presenting problems in a biased manner. The *Charleston Daily Mail* on August 23 quotes *Printers Ink:*

"Contrary to a widespread and probably carefully cultivated impression, the American people are not hell-bent on drinking themselves into a stupor. Total consumption of alcoholic beverages is increasing and has been for some time—in almost exact ratio to the growth of the population."

The various news media keep us well informed as to the violence from excess alcohol but, in addition to the physiological and criminal aspects, there is the economic side to drinking which is rarely emphasized. In other words, too much money is spent on alcoholic beverages that should be used to buy baby's shoes.

Printers Ink points out "that prior to World War II 75 per cent of all liquor drunk was in bars, taverns or other iniquitous haunts. Today the figure is reversed; 70 per cent of the alcoholic consumption is at home."

That this change in habit is due to an increased desire to remain close to the hearthstone is extremely doubtful; even though television has become a must in every home today. I would incline rather to the belief that the reason is economic, it being much less expensive to entertain at home than in a bistro. West Virginians may be more cognizant of the economic loss involved in alcoholic indulgence than is realized and this may have influenced the results in the recent referendum on liquor by the drink. Prohibition has not been the answer to the problem. Let us hope that knowledge of the physiologic, sociologic and economic effects of alcohol will lead to increased medical knowledge and better therapeutic results.

Against the many excellent arguments presented to point out the unfortunate results from the consumption of alcohol there are only three reasons I can advance in justification of its use: I like it. I like its effect. And, being over 50, I probably need it.—W. L. C.

GENERAL NEWS

Fall Meeting of The Council Held In Charleston on Nov. 17

The fall meeting of the Council of the West Virginia State Medical Association was held at the Daniel Boone Hotel in Charleston on November 17, 1963, with the Chairman, Dr. L. J. Pace of Princeton, presiding.

Doctor Pace introduced the four new members of the Council, Drs. Joseph L. Curry of Wheeling, Maynard P. Pride of Morgantown, Buford W. McNeer of Hinton and D. Alene Blake of Oak Hill.

Dr. D. E. Greeneltch of Wheeling, left, is shown with Dr. Charles L. Goodhand of Parkersburg, center, President of the State Medical Association, and Dr. George R. Callender, Jr., of Charleston, at the fall meeting of the Council in Charleston on November 17.

Election of Honorary Members

The Council elected the following physicians to honorary life membership in the West Virginia State Medical Association:

Society	*Physician*	*Address*
Kanawha	A. Spates Brady	Charleston
Central W. Va.	Eugene S. Brown	Altadena, Calif.

New Committee Authorized

Dr. Charles L. Goodhand, the President, reported that several physicians throughout the state had expressed an interest in the establishment of a Committee on Perinatal and Fetal Mortality and Morbidity.

He discussed the recent AMA Conference on Maternal and Perinatal Mortality and Morbidity which was held at The Greenbrier and the need for such a committee in West Virginia. The Council went on record unanimously as approving the establishment of a Committee on Perinatal and Fetal Mortality and Morbidity as a special committee of the Association until such time as the By-Laws can be amended to make it a standing committee.

Publication Committee Member Reelected

Dr. D. E. Greeneltch of Wheeling, a past president of the State Medical Association and immediate past Chairman of the Council, was reelected a member of the Publication Committee for the term ending December 31, 1970.

The Publication Committee is composed of the chairman, Dr. George F. Evans of Clarksburg, who is Editor of *The West Virginia Medical Journal*, and six other members who serve as associate editors. The other members are Drs. William L. Cooke of Charleston, Halvard Wanger of Shepherdstown, Charles L. Goodhand of Parkersburg, E. Lyle Gage of Bluefield and E. J. Van Liere of Morgantown.

Approval of Medicare Contract

The Council went on record unanimously as approving the Medicare Contract for 1964 with the understanding that the sub-committee on Federal Medical Activities reevaluate the program and how it affects West Virginia physicians during the coming year.

Dr. Charles M. Scott of Bluefield serves as chairman of the sub-committee. Other members are Drs. W. Fred Richmond of Beckley and George E. McCarty of Parkersburg. The program provides services for dependents of men serving in the Armed Forces.

MAA Program

Dr. George R. Callender, Jr., of Charleston, Chairman of the Committee on Medical Economics, appeared before the Council on invitation of the Chairman and discussed operation of the MAA program and the proposed Blue Cross-Blue Shield administration of the medical welfare programs in West Virginia.

Doctor Callender stated that the Joint Conference Committee had met periodically with State Welfare Commissioner W. Bernard Smith to discuss mutual problems regarding implementation of the MAA and GMH programs.

Pre-Paid Health Insurance Legislation

Dr. Joseph L. Curry of Wheeling, Chairman of the Public Service Committee, presented a report concerning proposed pre-paid health insurance legislation in West Virginia.

Doctor Curry and Dr. Stephen D. Ward, also of Wheeling, represented the Association at a meeting of the legislative sub-committee on corporate medical practice which was held in Charleston on September 24. A copy of their statement before this sub-committee appeared in the November issue of *The Journal.*

Hearings on King-Anderson Bill

Dr. D. E. Greeneltch reported to Council on a statement by the Association which would be submitted to the House Committee on Ways and Means during its hearings on the King-Anderson Bill (H. R. 3920). Doctor Greeneltch informed the Council that the hearings would open on Monday, November 18 and would continue through November 27.

Report on Proposed Program

The Council received a report from State Director of Health N. H. Dyer on a proposed cooperative program of comprehensive health care for welfare recipients which would be instituted on a pilot basis in a county or district to be selected jointly by the State Department of Health and State Welfare Department.

Doctor Dyer said that by achieving a high degree of coordination of services now available in the various State and local agencies concerned with personal care and by adding certain new elements, more comprehensive care could be accomplished at less cost.

Budget Requests Approved

The Council also went on record unanimously as approving the budget requests of both the State Department of Health and the Department of Mental Health. Both State agencies are seeking additional funds from the 1964 Legislature to increase their services.

The following is a list of those who attended the meeting:

Dr. L. J. Pace of Princeton, Chairman; Dr. Charles L. Goodhand of Parkersburg, President; Dr. Seigle W. Parks of Fairmont, Vice President; Dr. D. E. Greeneltch of Wheeling, Councilor-at-Large; and Drs. Paul P. Warden of Grafton; Joseph L. Curry, Wheeling; Charles L. Leonard, Elkins; Maynard P. Pride, Morgantown; Richard V. Lynch, Jr., Clarksburg; John E. Echols, Richwood; I. Ewen Taylor, Huntington; Buford W. McNeer, Hinton; Richard W. Corbitt, Parkersburg; D. Alene Blake, Oak Hill; and Mr. Jerry Gould, Executive Assistant, Charleston.

Dr. James S. Klumpp of Huntington, Parliamentarian of the State Medical Association, is shown at the fall meeting of the Council with Drs. Thomas G. Reed of Charleston, and Frank J. Holroyd of Princeton, AMA Alternate and AMA Delegate, respectively.

The meeting also was attended by Dr. Frank J. Holroyd of Princeton, AMA Delegate; Dr. Thomas G. Reed, Charleston, AMA Alternate; Dr. James S. Klumpp, Huntington, Parliamentarian; Dr. N. H. Dyer of Charleston, State Director of Health; Dr. George R. Callender, Jr., Charleston, Chairman of the Committee on Medical Economics; Dr. Milton J. Lilly, Charleston; and Mr. William E. Mohler, Attorney for the Association.

Dr. L. J. Pace of Princeton, center, Chairman of the Council, is shown with the four new members who were introduced at the fall meeting in Charleston on November 17. The new members are, left to right, Drs. Buford W. McNeer of Hinton, Maynard P. Pride of Morgantown, D. Alene Blake of Oak Hill and Joseph L. Curry of Wheeling.

Dr. D. E. Greeneltch Reelected To Publication Committee

Dr. D. E. Greeneltch of Wheeling, a past president of the West Virginia State Medical Association, has been reelected a member of its Publication Committee for the term ending December 31, 1970.

D. E. Greeneltch, M. D.

The Publication Committee is composed of a chairman, who is the Editor of *The West Virginia Medical Journal*, and six other members who serve as associate editors. The Committee is in charge of the publication of *The Journal*, which is the official organ of the West Virginia State Medical Association.

Doctor Greeneltch is a native of Barnesville, Ohio. He attended various primary schools in Ohio and was graduated from high school in Quaker City, Ohio. He received an A. B. degree from Ohio State University in 1929 and had postgraduate work in bacteriology and chemistry.

He received his M. D. degree from the University of Louisville School of Medicine in 1935. He is a member of Phi Chi medical fraternity and Alpha Omega Alpha, honorary medical fraternity. He interned and served a residency in anesthesiology at Louisville General Hospital, 1935-38.

He has served as Chief of the Department of Anesthesiology at Ohio Valley General Hospital in Wheeling since 1938. He was certified by the American Board of Anesthesiology in 1941. He served two terms as secretary of the Ohio County Medical Society and a term as president, 1946-47.

Doctor Greeneltch served for three years as a member of the Council of the West Virginia State Medical Association. He was elected vice president in 1959 and president elect in 1960. He was installed as president at the 94th Annual Meeting at The Greenbrier in August, 1961.

Dr. Merle S. Scherr Participates In Philadelphia Meeting

Dr. Merle S. Scherr of Charleston participated in the 10th Institute for Care of Cardiac and Asthmatic Children which was held in Philadelphia, November 5-6.

Doctor Scherr presented a paper on "Rehabilitation Physical Therapy" at the opening session on Tuesday, November 5. Dr. Waldo E. Nelson, Professor of Pediatrics at the Temple University Medical School, delivered the keynote address on "Community Planning for Health Services for Children" on Wednesday morning, November 6.

42 Physicians Licensed by MLB To Practice in State

The Medical Licensing Board licensed 42 physicians, 22 by examination and 20 by reciprocity, at a meeting held at the Capitol in Charleston, July 22-24, 1963. The following physicians were licensed by direct examination:

Bottomley, Robert Gary, Morgantown
Coyner, John Ligon, Heidelberg, Germany
Dominguez, Fernando, Huntington
Fontana, Norberto Alejandro, Charleston
Groves, Louis William, Jr., Richwood
Oceretko, Jaroslav, Bronx, N. Y.
Rasmussen, Donald Lloyd, Beckley

Rocha, Hilton da Cunha, Hopemont
Stauffer, William Moyer, Morgantown
Kalaycioglu, Mehmet Vecihi, Shinnston
Cooley, Frederick Morton, Charleston
Cutlip, Basil Duncan, Jr., Washington, D. C.
Goad, Francis Arthur, Morgantown
Griffith, Jesse Samuel, Williamson

Hemmings, Ira Lawrence, Jr., Rockville, Maryland
Jordan, William Gregor, Oak Hill
Lewis, Charles William, Ft. Riley, Kansas
Mosrie, Azett Jimmie, Mechanicsville, Virginia
Rashid, Richard, Charleston, U. S. Fleet, P. O., New York
Ruggiero, Joseph Augusine, Fairmont
Shaffer, Kenneta Jean, Morgantown
Stephens, Pete Louis, APO 23, New York

The following is a list of the physicians who were licensed by reciprocity:

Collins, Haydn Brian, Man
English, Robert Samuel, Morgantown
Frich, John Carl, Jr., Pittsburgh, Pa.
Huffington, Paul Elisha, Morgantown
Johnson, Charles Douglas, Man
Kitching, Richard Depew, Charleston
Koch, Leonard Irving, Charleston

Kultchar, Elizabeth Andree, Charleston
O'Connor, Dennis Stephen, Huntington
Park, William Favre, Wheeling
Pentacost, Gordon Johnson, Jr., Wheeling
Perry, John Leonard, Jr., Harpers Ferry
Popovich, Paul John, Cumberland, Maryland
Rudd, Ronald Eugene, Berkeley Springs

Stevenson, Clifford Amasa, Beckley
Swepston, Emil Rawn, Martinsburg
Sullivan, Barbara Eileen, Charleston
Thomas, James Phillips, Bluefield
Walker, Paul Eugene, Williamson
Warren, Harold Draper, Man

The next meeting of the Medical Licensing Board will be held January 20-22, 1964, for the purpose of licensing physicians for the practice of medicine in West Virginia.

Need a New Auto Emblem?

A supply of auto emblems, bearing the insignia of the West Virginia State Medical Association, is kept on hand at all times at the headquarters offices in Charleston. The price of each emblem is $3.25 postpaid.

New Association Members

Dr. Hugh M. Brown, 300 Prunty Building, Clarksburg (Harrison). Doctor Brown was born in Columbus, Ohio, and was graduated from West Virginia University. He received his M. D. degree in 1953 from Johns Hopkins University School of Medicine and served his internship and residency at Union Memorial Hospital in Baltimore, 1953-57. He served with the Armed Forces, 1944-45, and he was previously located in Baltimore. His specialty is internal medicine.

* * * *

Dr. David H. Gatherum, Bluefield Sanitarium Clinic, Bluefield (Mercer). Doctor Gatherum was born in Athens and was graduated from Concord College. He received his M. D. degree in 1942 from the Medical College of Virginia, and served an internship at Wisconsin General Hospital in Madison, 1942-43. He served a residency at the VA Facility in Wood (Milwaukee), Wisconsin, 1946-48. He served for three and one half years as a Lieutenant in the Medical Corps of the United States Naval Reserve during World War II. Prior to locating in Bluefield, he served for 15 years as Chief of the Department of Anesthesiology at Milwaukee General Hospital. He also served for 17 years as an instructor in anesthesiology at Marquette University School of Medicine.

* * * *

Dr. William D. McLean, Professional Park, Beckley (Raleigh). Dr. McLean, a native of Beckley, was graduated from Hampden-Sidney College and received his M. D. degree in 1954 from the Medical College of Virginia. He interned at Cook County Hospital in Chicago, 1954-55, and served a residency at the University of Virginia Hospital in Charlottesville, 1959-62. He served as a medical officer with the 77th Special Forces Group and was discharged with the rank of Captain. His specialty is dermatology.

* * * *

Dr. Jorge de la Piedra, Wyoming General Hospital, Mullins (Wyoming). Dr. de la Piedra, a native of Chiclayo, Peru, received his M. D. degree in 1952 from the Medical School of San Marcos University in Lima, Peru. He interned at Augustana Hospital in Chicago, 1952-53, and served residencies at St. Francis Hospital in Peoria, Illinois, and Memorial Hospital in Charlotte, North Carolina, 1953-57. He also had postgraduate work at Duke University Hospital. His specialty is orthopedic surgery.

* * * *

Dr. Nicholas D. Zambos, Beckley Memorial Hospital, Beckley (Raleigh). Doctor Zambos was born in Smyrna, Turkey, and received his M. D. degree in 1949 from the University of Athens in Greece. He interned at James Walker Memorial Hospital in Wilmington, North Carolina, 1952-53, and served residencies at Memorial Hospital in Charlotte, North Carolina, 1953-55, Duke University Hospital in Durham, 1955-56, and at Shriner's Hospital in Lexington, Kentucky, 1957-58. His specialty is orthopedic surgery.

Committee on Medicine and Religion Holds Organizational Meeting

The West Virginia State Medical Association's new Committee on Medicine and Religion, authorized in an amendment to the Association's By-Laws by the House of Delegates in August, held its organization meeting

The Committee on Medicine and Religion of the State Medical Association held its organizational meeting on Sunday, November 10, in Charleston. Those attending were, seated, left to right, Mr. Arne Larson of Chicago, Assistant Director of the AMA Department of Medicine and Religion; Dr. Tracy N. Spencer, Jr., of South Charleston, chairman; and Dr. Frederick H. Dobbs of Charleston. Standing, Drs. John S. Blagg of South Charleston, Vernon L. Dyer of Petersburg and John C. Bryce of Parkersburg.

at the Daniel Boone Hotel in Charleston on November 10.

Dr. Tracy N. Spencer, Jr., of South Charleston, named chairman by the President, Dr. Charles L. Goodhand of Parkersburg, presided over the meeting.

Also attending were Drs. Vernon L. Dyer of Petersburg, Frederick H. Dobbs of Charleston and John C. Bryce of Parkersburg. Other members of the committee are Drs. Dwight P. Cruikshank and William E. Gilmore, both of Parkersburg.

Mr. Arne Larson of Chicago, Assistant Director of the American Medical Association's Department of Medicine and Religion, gave the objectives of the program and an introduction to a 28-minute color film, "The One Who Heals." He said the film, dealing with situations faced by physicians and clergy, is available to county societies through the AMA.

The committee discussed various facets of the program and authorized the chairman to write to the president of each component society asking that a Committee on Medicine and Religion be appointed within the society.

Doctor Spencer said that when this task is completed, it is the committee's hope to have Mr. Larson return to West Virginia for a series of meetings throughout the State to explain the overall program.

Physicians Urged to Participate In Mental Health Program

West Virginia physicians, individually and as a group, are earnestly invited to participate in the state's new long-range comprehensive Plan for Community Mental Health Services and Facilities.

Dr. Mildred Mitchell-Bateman, Director of the West Virginia Department of Mental Health, has stated that ". . . it is an obvious fact that our state's physicians are probably the most important single profession whose cooperation in this vast new program the Department of Mental Health greatly needs."

The Mental Health "Plan for a Plan" became a reality in early 1963 when—following such 1955 to 1962 milestones as formation of the APA-AMA Joint Commission on Mental Illness and Health; publication of its Report, "Action for Mental Health"; and subsequent events—the National Institute of Mental Health allocated a Federal grant of $50,000 (to be matched) to the West Virginia Department of Mental Health to plan a far-sighted, intensive mental health program.

Like every other state, West Virginia's mental health authority had to qualify for its pro-rated share of the $4,200,000 Congressional appropriation to NIMH by submitting an outline for a program of mental health services acceptable to standards of the U. S. Department of Health, Education and Welfare. Evolved by the staff of the Department of Mental Health, West Virginia's plan was accepted. This qualified the state for a $50,000 allocation, making West Virginia one of the very first to become eligible.

West Virginia's Plan embodies 3 programs: (1) implementation by an enormous group, and individual involvement of volunteer, governmental and professional citizens who will constitute task forces for setting goals, finding ways and means, promoting public education, and sponsoring good legislation; (2) coordination by a special staff which will also tie in the work of specially related agencies such as Health, Welfare, Rehabilitation, etc.; (3) planning and organizing by a statewide Advisory Committee chosen and headed by Gov. W. W. Barron. The Plan encompasses a period of two years, another Federal grant of $50,000 to be allocated at the start of fiscal 1964.

The first meeting of the Governor's Advisory Committee took place on October 8, 1963, with Governor Barron opening the statewide session and Mrs. John W. Hash of Charleston acting as Temporary Chairman. An Executive Committee of the entire Advisory Committee was selected. Representatives from each of the 7 mental health regions held brief separate meetings, elected temporary officers and scheduled future meetings.

Since then, regional meetings have been held to begin organizing for research into local mental health needs and resources—a first step toward the collective mental health action which is to come.

Dr. Charles L. Goodhand of Parkersburg, President of the West Virginia State Medical Asociation, and Dr. William B. Rossman of Charleston, Chairman of the Association's Mental Health Committee, are members of the Governor's Advisory Committee, as are 12 other state physicians.

Doctor Bateman emphasized that West Virginia physicians have a crucial role to play in development of the new mental health program.

"The aid of our state's doctors, on the advisory committee, in regional groups, as task force members, is something our planning simply cannot do without," she said. "Their leadership, their medical and community knowledge, and their specially focused abilities are essential, if we are to forward the cause of mental health in West Virginia. I sincerely hope that every physician will feel himself invited—even urged—to join in this exciting new effort!"

Relocations

Dr. A. A. Provins of Morgantown, who has been engaged in general practice in that city for the past three years, has moved to Florida where he is taking a residency in anesthesiology. His new address is 715 Woodcrest Road, Key Biscayne.

Dr. Clark K. Sleeth, right, Dean of the West Virginia University School of Medicine, is shown with three members of the WVU faculty who presented papers at the West Virginia Centennial Symposium on Cardiac Disease which was held at the WVU Medical Center in Morgantown, October 17-19. Participating in the three-day symposium were Dr. Herbert E. Warden, Professor of Surgery, Dr. Russell V. Lucas, Jr., Assistant Professor of Pediatrics and chairman of the program committee, and Dr. Robert J. Marshall, Professor of Medicine.

Dr. Zimmermann Will Present Paper At ACS Meeting in Baltimore

Dr. Bernard Zimmermann of Morgantown, Professor and Chairman of the Department of Surgery at the West Virginia University School of Medicine, will present a paper at the first 1964 Sectional Meeting of the American College of Surgeons in Baltimore, January 27-29.

Doctor Zimmermann will discuss "Pre- and Post-operative Hyponatremia-Hypokalemic Syndrome," on Wednesday afternoon, January 29, at the final session of the three-day meeting.

More than 500 surgeons are expected to attend the meeting at the Lord Baltimore Hotel which is open to all doctors of medicine. An innovation will be sessions in the specialties of ophthalmology and obstetrics and gynecology as well as in general surgery. Topics include cardiovascular surgery, chemotherapy in cancer, cryogenic surgery, gastric and duodenal ulcer, and important aspects of trauma.

Subjects of interest to ophthalmologists include glaucoma, enucleation and implants, and advances in retinal detachment surgery. Of interest to obstetricians and gynecologists are operative procedures for fertility, aspects of cesarean section and bisexuality.

More Than 1,700 Receive Penicillin In Rheumatic Fever Program

More than 1,700 persons in West Virginia have received free penicillin through the rheumatic fever prevention program of the West Virginia Heart Association and the State Department of Health.

At the end of October, a total of 1,743 persons in the state were taking part in the program, an increase of almost 300 over 1961 and 600 over the October, 1960, total.

The penicillin is available to medically indigent patients. It is distributed to persons, mostly children, who have had a known attack of rheumatic fever or who have known rheumatic heart disease or cardiac surgery or congenital heart disease of such magnitude that the referring physician deems prophylaxis advisable.

PG Course in Los Angeles

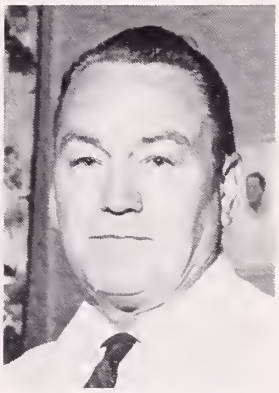
The American College of Physicians will sponsor a postgraduate course on "Nuclear Medicine and Radiation Biology" at the UCLA School of Medicine in Los Angeles, California, January 6-10.

The course is designed to inform the internist of the contributions that nuclear medicine can make to patient care and to acquaint him with the somatic and genetic effects of ionizing radiation on living organisms, including man.

The registration fee for ACP members is $60 and $100 for non-members. Further information may be obtained by writing Dr. Edward S. Rosenow, Jr., Executive Director, American College of Physicians, 4200 Pine Street, Philadelphia 4, Pennsylvania.

Dr. John C. Condry New President Of W. Va. Cancer Society

Dr. John C. Condry of Charleston was elected president of the West Virginia Division of the American Cancer Society during the annual meeting of that organization which was held in Morgantown, October 12-13.



John C. Condry, M. D.

Doctor Condry succeeds Dr. Robert J. Johnson, former Professor and Chairman of Gross and Neurological Anatomy at the West Virginia University School of Medicine.

Dr. Bernard Zimmermann, Professor and Chairman of the Department of Surgery at the West Virginia University School of Medicine, was elected vice president. New members named to the board of directors were as follows:

Dr. Kirk J. David and Tim E. Hollandsworth of Huntington; Dr. R. E. Flood and Charles Brenneman of Weirton; Dr. Andrew Barger of Moundsville; Dr. Walter H. Gerwig of Clarksburg; Dr. Alvin L. Watne and Mrs. Donald Teter of Morgantown; Mrs. O. S. Bloom of Ranson; Mrs. T. E. Renner of Parkersburg; Mrs. Carl Paller of Summersville; and Dr. David B. Gray of Charleston.

Reelected to the board were Doctor Condry, Drs. N. H. Dyer and H. W. Schulz of Charleston; Cecil H. Underwood of Huntington; Miss Marjorie Scott of Wheeling; George Darden of Elkins; George Hodel of Beckley; Mrs. P. E. Walker of Crumpler; and Dr. N. W. Fugo of Morgantown.

Appears on McGuire Program

Dr. Alvin L. Watne, Associate Professor of Surgery, Chief of the Cancer Committee and Director of the Tumor Clinics at the West Virginia University School of Medicine, participated in the 35th Annual Stuart McGuire Lecture Series at the Medical College of Virginia in Richmond, November 20-22.

Doctor Watne presented a paper on the "Surgical Approach to Tumors of the Colon" on Friday morning, November 22.

ACCP Course in Miami Beach

The American College of Chest Physicians and the University of Miami School of Medicine will present a postgraduate course on "Recent Advances in the Diagnosis and Treatment of the Heart and Lungs" at the Hotel Fontainebleau in Miami Beach, Florida, January 13-17.

The registration fee is $75 for ACCP members and $100 for non-members. Further information may be obtained by writing the American College of Chest Physicians, 112 East Chestnut Street, Chicago 11, Illinois.

Auxiliary Fall Conference Held At Blackwater Falls

The annual Fall Conference and Board of Directors' meeting of the Woman's Auxiliary to the West Virginia State Medical Association was held at Blackwater Falls State Park near Davis in Tucker County, October 15-16.

Mrs. Pat A. Tuckwiller of Charleston, the president, presided at the business meetings which were attended by 34 state officers, standing committee chairmen, county presidents and presidents elect. Mrs. Howard G. Weiler of Wheeling, immediate past president, gave the invocation and pledge of loyalty to open the two-day session.

Report on Chicago Conference

Mrs. George A. Curry of Morgantown, the president elect, highlighted the opening session with a review of the 20th Annual Conference of State Presidents, Presidents Elect, National Officers and Committee Chairmen of the Woman's Auxiliary to the American Medical Association which was held in Chicago, October 6-9.

Attending the conference with Mrs. Curry were Mrs. Tuckwiller and Mrs. J. C. Huffman of Buckhannon, National Regional Chairman of the Rural Health Committee. Mrs. Huffman, in her report, stressed the importance of having a Rural Health Chairman in counties not now represented and that a policy sheet be added to the State Handbook for the duties and responsibilities of the chairmanship.

The report by Mrs. Tuckwiller on her county visitations and activities was followed by reports of the vice presidents or regional directors. Regional directors reporting were Mrs. Lysle T. Veach of Petersburg, first vice president; Mrs. Charles S. Harrison of Clarksburg, second vice president; and Mrs. Wilson P. Smith of Huntington, fourth vice president.

Legislative Developments

Mrs. L. Dale Simmons of Clarksburg, the legislative chairman, informed the conferees of recent developments in current or proposed legislation affecting medicine. There also was discussion on "Operation Hometown" and WESPAC.

Other speakers during the meeting included:

Mrs. Rupert W. Powell of Fairmont, Press and Publicity Chairman.

Mrs. William R. Rice of Dunbar, Program Chairman.

Mrs. A. J. Villani of Welch, AMA-ERF Chairman.

Mrs. Herbert N. Shanes of Grafton, Safety and Civil Defense Chairman.

Mrs. A. C. Chandler of Charleston, Mental Health Chairman.

Mrs. Clark K. Sleeth of Morgantown, Liaison to the Woman's Auxiliary to the Student American Medical Association Chairman.

Others attending the meeting included Mrs. Robert J. Tchou of Williamson; Mrs. James T. Spencer and Mrs. J. Dennis Kugel of Charleston; Mrs. Vernon L. Dyer of Petersburg; Mrs. J. A. B. Holt and Mrs. A. B. Curry Ellison of Charleston; Mrs. Paul E. Gordon of Clarksburg; Mrs. Joseph A. Smith of Dunbar; Mrs. David Mullins of Logan; Mrs. J. Hunter Smith of Welch; Mrs. Robert W. Bess of Westernport, Maryland; Mrs. M. Bruce Martin of Huntington; Mrs. C. B. Buffington of Wheeling; Mrs. Seigle W. Parks and Mrs. E. D. Wise of Fairmont; and Mrs. Ross P. Daniel of Beckley.

Delegate to ASA Meeting

Dr. Logan W. Hovis of Parkersburg served as a delegate in the House of Delegates of the American Society of Anesthesiologists annual business and scientific meeting at the Palmer House in Chicago, November 2-6.

The 1963 Fall Conference and Board of Directors' meeting of the Woman's Auxiliary to the West Virginia State Medical Association was held at Blackwater Falls State Park near Davis in Tucker County, October 15-16. Mrs. Pat A. Tuckwiller of Charleston, the president, fourth from left, presided at the business meetings. Other officers attending the meeting, left to right, included, Mrs. Charles S. Harrison of Clarksburg, second vice president; Mrs. Lysle T. Veach of Petersburg, first vice president; Mrs. Wilson P. Smith of Huntington, fourth vice president; Mrs. George A. Curry of Morgantown, president elect; and Mrs. Robert J. Tchou of Williamson, recording secretary.

Two Physicians Will Serve in 56th West Virginia Legislature

Two physicians will serve in the second session of the 56th West Virginia Legislature which will be convened in Charleston on Wednesday, January 8.

Dr. Ward Wylie of Mullens, a member of the Council, represents the 9th District in the State Senate. He has been a member of that body since 1938 with the exception of a tour of duty in the Medical Corps of the United States Army during World War II. Doctor Wylie was named President Pro Tempore of the Senate in the 53rd, 54th, 55th and 56th Legislatures.

Dr. T. G. Matney of Peterstown is serving his fifth term in the House of Delegates from Monroe County. He is an honorary member of the Greenbrier Valley Medical Society, West Virginia State Medical Association and the American Medical Association.

Need a Physician?

Communities in rural areas in West Virginia that are interested in securing a physician may have their requests published in the classified section of *The West Virginia Medical Journal*. Interested persons should submit the population of the area in which the physician is needed and send along a descriptive sentence of their requirements and advantages of practice.

Such information will be published in *The Journal* in the hope that physicians in the state may have medical colleagues who might be interested in the practice of rural medicine in West Virginia.

A listing of physicians wishing to locate in West Virginia will also be published, provided they submit their qualifications to the headquarters offices of the State Medical Association. This service will be provided to communities and physicians without charge.

Film on 112th Annual AMA Meeting Produced by Schering Corp.

Medifilm Report V, presenting highlights of the 112th Annual Meeting of the American Medical Association in Atlantic City last June, is now available for showing before medical and allied groups. The film was produced by Schering Corporation in cooperation with the AMA's Department of Medical Motion Pictures and Television.

The 32-minute, 16 mm black and white sound film features scientific exhibits, interviews and a panel discussion. Dr. James F. Gleason of Ventnor City, New Jersey, is narrator for the film.

County medical societies may obtain a copy of the film by writing to the AMA Film Library, 535 N. Dearborn Street, Chicago 10, Illinois, or to the Audio-Visual Department, Schering Corporation, Union, New Jersey.

Dr. J. J. Lawless Reelected Head Of TB and Health Assn.

Dr. John J. Lawless of Morgantown was reelected president of the West Virginia Tuberculosis and Health Association during the 43rd annual meeting which was held in Fairmont, October 9-10.

John J. Lawless, M. D.

Mr. W. R. Phelps of Bluefield was named vice president and Mrs. Lelia House of Parkersburg, secretary-treasurer.

Dr. Preston G. Davis of Beckley was elected president of the West Virginia Thoracic Society, which held its meeting on October 9. He succeeds Dr. Richard V. Lynch, Jr., of Clarksburg.

Dr. Charles E. Andrews of Morgantown, Professor of Medicine at the West Virginia University School of Medicine, was elected vice president and Dr. Morris H. O'Dell of Charleston, secretary-treasurer.

Medical Meetings, 1963-64

The following is a partial list of national, state and district medical meetings scheduled for 1963-64:

1963

Dec. 1-4—AMA Clinical Meeting, Portland

1964

June 21-25—AMA Annual Meeting, San Francisco.

Aug. 20-22—W. Va. State Medical Association, The Greenbrier, White Sulphur Springs.

PG Seminar in Anesthesiology

The first Annual Postgraduate Seminar in Anesthesiology, sponsored by the University of Miami School of Medicine and the University of Florida College of Medicine, will be held at the Eden Roc Hotel in Miami Beach, Florida, January 5-8, 1964.

The Seminar will follow the theme, "The Cardiovascular System," and the program will consist of five sessions moderated by an authority in the field.

The fee for the Seminar is $65. Further information may be obtained by writing the Department of Anesthesiology, University of Miami School of Medicine, Jackson Memorial Hospital, Miami 36, Florida.

PG Course in Cleveland

A postgraduate course on "Colorectal Surgery in Children and Adults" will be presented by the Cleveland Clinic Educational Foundation in Cleveland, January 8-9.

The registration fee is $30 and further information may be obtained by writing Dr. Walter J. Zeiter, Director of Education, The Cleveland Clinic Educational Foundation, 2020 E. 93rd Street, Cleveland, Ohio.

New Program Should Improve Follow-Up Care for Mental Patients

Follow-up care of hundreds of patients discharged each year from the state's mental hospitals should be improved as the result of a new public health program launched in October. State Director of Health Dr. N. H. Dyer said that patients will be referred to local health departments upon discharge from mental institutions for scheduled home visits by public health nurses. During the home visits, they will be able to observe their progress as they are managed on continued out-of-hospital drug therapy.

Writing in his weekly "State of the State's Health," Doctor Dyer said that the initial phase of the project began in a ten county area served by the Huntington State Hospital. The counties included are Mercer, Monroe, Logan, Boone, Wayne, Cabell, Putnam, Kanawha, Jackson and Mason. He explained that as soon as nursing staffs in local health departments can be acquainted with the techniques and objectives of the program, it will be extended to all areas of the state and patients served will include those discharged from Lakin, Spencer and Weston Hospitals.

The program, designed to return patients to society as productive members as early as possible, presents a great potential for improved community care in mental health, Doctor Dyer noted.

Tobacco and Pregnancy

In another issue of the publication, Doctor Dyer cited recent findings by researchers in both England and the United States that reveal when women continue smoking cigarettes during the last three months of pregnancy the average weight of the baby is significantly reduced.

"Cigarette smoking during the last trimester by expectant mothers means that the developing fetus is chronically deprived of nourishment," Doctor Dyer said. "From this point, we can only speculate as to how the condition will affect the future health of the child. But even in successful deliveries of apparently normal infants we still wonder what this means in terms of health for future generations.

"These findings not only raise questions about the baby's future health but the total role of cigarette smoking in genetics and its impact on congenital malformations, mental retardation and a host of other unfavorable outcomes of pregnancies," he commented. Other evidence indicates cigarette smoking "is a major causal factor in the development of lung cancer, and is an important contributory factor to other respiratory disabilities," he pointed out.

Evidence Not Purely Statistical

Doctor Dyer said some persons argue that cigarette smoking hasn't been firmly established as a cause of such disease. "There is an element of truth here, but the evidence is no less conclusive than that with which we had to fight yellow fever and cholera before the 20th century," he explained. "Even without knowing exact causes we can take logical and effective life-saving measures. Evidence against smoking isn't purely statistical, however, we also have laboratory findings."

Doctor Dyer defended the advisory committee on smoking and health appointed by the U. S. Surgeon General which has been criticized for taking too much time to prepare a definitive report on the subject. He said "the committee has been subjected to a campaign of villification, but has refused to be hustled into a premature release of recommendations for action. When released, the report will chart a course of action for official and voluntary health agencies throughout the nation that will produce a lasting effect on the problems of tobacco and health."

In a report last spring, Doctor Dyer warned that teenage smoking was increasing in the state and in the nation. One report, he said, revealed that one of every three high school pupils is a regular cigarette smoker.

New members of the faculty of the West Virginia University School of Medicine are shown above. They include, seated, left to right: Dr. Emil Mantini, instructor in surgery; Dr. Stancil E. D. Johnson, instructor in psychiatry; Miss Marta J. Henderson, teaching assistant in medical technology; Mrs. Mariam Ann Fryer, instructor in medical technology; Dr. Mabel M. S. Marshall, clinical instructor in pathology; Miss Ann W. Sharpe, instructor in medical technology; Dr. Paul E. Huffington Jr., instructor in surgery; and Dr. Robert Vosburg, professor and chairman of the Department of Psychiatry.

Standing: Dr. A. C. Edmundowicz, assistant professor of medicine; Dr. Henry F. Mengoli, instructor in surgery; Dr. Frank E. Greene, instructor in pharmacology; Mr. Paul H. Taylor, instructor in medical technology; Dr. Enid M. Gilbert, assistant professor in pathology; Dr. James B. Gilbert, assistant professor of biochemistry; Dr. Robert J. Nottingham, assistant professor of pediatrics; Dr. Benjamin Stout, instructor in Medicine; Dr. Ernest W. Chick, associate professor of medicine and chairman of the Division of Public Health and Preventive Medicine; and Dr. George H. Wirtz, assistant professor of biochemistry.

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Research in the Service of Medicine

WVU Medical Center
—News—

• **Compiled from material furnished by Howard Lewis, Administrative Assistant to the Vice President, West Virginia University Medical Center, Morgantown, West Virginia.**

THE West Virginia University Medical Center has received a six-year $395,224 research grant from the National Institutes of Health for a study of reasons the body's systems are thrown off balance during surgery.

The grant will be used to continue the study on "Regulation of Electrolyte Balance in Surgery," which is under the direction of Dr. Bernard Zimmermann, Professor and Chairman of the Department of Surgery at the WVU School of Medicine, and Dr. Walter H. Moran, Jr., Instructor in Surgery. Doctor Zimmermann has worked on this project since 1948; Doctor Moran since 1956.

The grant, one of several awarded by the NIH to the University for research in metabolic problems, will support the six-year work of eight persons; a research associate and two research fellows, all physicians; three research technicians, specialists in chemistry, biology and medical technology; a laboratory aide and a secretary.

Clinicians point out that most of the advances in surgery for heart disease, cancer and congenital anomalies have been made possible by increases in this type of knowledge. Paradoxically, during surgery it is necessary to injure the body to repair it. At the same time, surgical stress throws off the normal actions of several glands. Sometimes these can be controlled; sometimes they can't.

Doctor Zimmermann and his associates are particularly interested in those glands which make up the endocrine system—the adrenal glands, the thyroid and pituitary glands.

Much of the research will be directed toward improving intravenous management of surgical patients before, during and after operation.

Dr. Owen Wangensteen Speaker

Dr. Owen Wangensteen, Professor and Chairman of the Department of Surgery at the University of Minnesota Medical School since his appointment in 1930 at the age of 32, delivered the first Harry B. Zimmermann Lecture at the WVU School of Medicine on November 22.

The lecture, which will annually bring to WVU an outstanding surgeon as part of the educational program, is in memory of Doctor Zimmermann who died in 1960 after 40 years practice in St. Paul, Minnesota, and a longtime association as clinical professor in Doctor Wangensteen's department.

Dr. Bernard Zimmermann, son of the late Minnesota physician, is Professor and Chairman of the Department of Surgery at the WVU School of Medicine. He was trained by Doctor Wangensteen and is one of 10 department of surgery chiefs and 30 full professors now in university medical centers throughout the United States who received impetus and guidance from Doctor Wangensteen.

New Loan Fund Established

A special memorial loan fund for graduate students working toward doctorates in basic sciences fields has been established at West Virginia University.

It has been designated the "Mary Montgomery Watts Memorial Loan Fund," in memory of Mrs. Daniel T. Watts, wife of the Professor and Chairman of the Department of Pharmacology at the WVU School of Medicine. Mrs. Watts died earlier this year.

The fund has been made possible by more than 30 gifts made in Mrs. Watts' memory to the WVU Foundation, a tax-exempt corporation. The student welfare committee of the WVU School of Medicine will administer the fund.

Six Participate in Surgeons Meeting

Six members of the WVU School of Medicine faculty attended and participated in the 49th Clinical Congress of the American College of Surgeons which was held in San Francisco, October 27-31.

Dr. Bernard Zimmermann, Professor and Chairman of the Department of Surgery, participated in a panel discussion on "Steroids in the Surgical Patient." He also was co-author of a paper delivered by Dr. Ronald Severs, former resident in surgery at the WVU Hospital, on the "Effects of Adrenalectomy on Pancreatic-Induced Gastric Hypersection."

Dr. Frederick W. Miltenberger, research fellow, presented a paper on "Peripheral Blood Levels of Antidiuretic Hormone During Operation." The paper was prepared in collaboration with Dr. Walter H. Moran, Jr., Instructor in Surgery.

Dr. Alvin L. Watne, Associate Professor of Surgery, moderated a session on tumors and the lymphatic system. Others from the School of Medicine attending the meeting were Dr. Herbert E. Warden, Professor of Surgery; Dr. Edward F. Heiskell, Jr., Clinical Assistant Professor of Surgery; and Dr. Walter H. Gerwig, Jr., of Clarksburg, Professor of Surgery.

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The Month in Washington

• From the Washington Office of the American Medical Association.

PRESIDENT Kennedy signed into law two bills providing for a five-year, $594.2 million federal program to combat mental illness and mental retardation through expanded research and community treatment centers.

A key feature of the legislation is a $150 million program of grants to the states for construction of community mental health centers for inpatient and outpatient treatment of the mentally ill. Administration officials said they hoped that such centers eventually would be able to take care of as much as 50 per cent of the mentally ill persons now in state mental institutions. One aim of the centers is to have the family physician play a larger role in the treatment of the mentally ill.

The new law contains no authority for federal funds for staffing these centers, most controversial aspect of the legislation in Congress. The American Medical Association opposed the staffing provision.

In signing the bill, President Kennedy announced that Robert Aldrich, Director of the National Institute of Child Health and Human Development, will soon call together 50 scientists from this country and abroad to plan research on premature births.

He also announced that the office of education was setting up a new division for handicapped children and youth to administer the teaching and research program under the new law. It will be headed by Samuel Kirk, Professor of Education and Psychology at the University of Illinois.

The new law also provides $179 million over three years for construction of treatment and research facilities for the mentally retarded and for training of teachers for mentally-retarded children.

Earlier, President Kennedy had signed into law another part of the mental retardation program that was approved in separate legislation by Congress. This calls for $355 million to increase Federal aid in fighting mental retardation through improved maternal and child care. The five-to-seven-year program includes a plan to provide preventative medical care for low-income mothers with a high risk of giving birth to retarded children.

FDA Regulations Clarified

The Food and Drug Administration issued the final orders on how it will carry out the new drug law's provisions covering ethical drug advertising. The federal agency agreed to modify most of the proposed regulations that the drug companies had protested.

One previously-disputed section of the regulations was felt by the companies possibly to require the pre-publication submission to FDA of advertising for virtually all important new drugs. The FDA revised the regulation to require "prior approval" of advertisements by the FDA only if the agency or the sponsor of the drug receives information not widely publicized in medical literature that use of the drug may cause fatalities or serious damage.

Another issue raised concerning sections of the regulations relating to "fair balance" and "relative prominence" of information on effectiveness and precautions in use of prescription drugs in advertising copy and layouts.

FDA assured the industry that the regulations will not prohibit use of graphic presentations, headlines or other "advertising techniques". The regulations, as now clarified by the agency, will not require equal divisions of space, word counts, headlines, illustrations and so forth. On the other hand, the regulation will require that statements about precautions for use of drugs be presented in type and format to insure adequate prominence and readability.

An additional question concerned an apparent requirement that advertisements must list side effects and contra-indications for all common uses of a given drug, even if some of the uses are not referred to in the advertisement. In a clarifying statement, FDA said, in effect, that the non-recommended uses need not be mentioned in most instances—that since side effects depend for the most part on duration of use, size of dosages or class of patients, it is appropriate that the side effects be disclosed only as related to these factors. The drug firms said this served to remove their principal concern on this point.

Another issue involved in the new drug law is a section of the regulations which would require that the established or generic name of a drug must accompany each separate mention of the drug's proprietary or brand name in an advertisement and in labeling. The drug firms maintained in a federal court suit that these regulations go beyond the FDA's statutory authority, since the statute requires only that established names of prescription drugs be printed in labeling and advertising "prominently and in type at least half as large as that used for any proprietary name."

Obituaries

FRED A. BROWN, M. D.

Dr. Fred A. Brown, 62, of near Barboursville, died at his home on October 18.

Doctor Brown, who had practiced in Cabell County for 38 years, was born in Hinton on July 26, 1901. He attended the University of Richmond and received his M. D. degree in 1925 from the Medical College of Virginia.

He served an internship at the Boston Floating Hospital in Boston, and a residency at the Chesapeake & Ohio Railway Hospital in Huntington.

Doctor Brown was a member of the Cabell County Medical Society, West Virginia State Medical Association and American Medical Association.

Besides his widow, he is survived by four sons, Allen Brown of Chillicothe, Ohio, James Brown of Dayton, Ohio, and Leon and Michael Brown at home; four daughters, Mrs. Patty Schlick of Massillon, Ohio, Mrs. Margaret Guleff of Philadelphia, and Linda and Nancy Brown at home; and two brothers, Drs. Boyd F. Brown of Huntington and Leland C. Brown of Staunton, Virginia.

JOHN SAYRE HAYMAN, M. D.

Dr. John Sayre Hayman, 61, of Huntington, died at a hospital in that city on October 11.

Doctor Hayman was born at Mercer's Bottom in Mason County on December 27, 1901, the son of Charles H. and Hattie Sayre Hayman. He was graduated from Morris Harvey College and received his M. D. degree in 1923 from the University of Louisville School of Medicine.

He was licensed to practice in West Virginia in 1924 and took postgraduate work at the Cook County Graduate School of Surgery in Chicago and at the Huntington Orthopedic Hospital.

He was a member of the Cabell County Medical Society, West Virginia State Medical Association and American Medical Association.

Besides his widow, he is survived by a son, John S. Hayman, Jr., of Sarasota, Florida; a daughter, Mrs. Edward Coyne of Ravenswood; and a sister, Mrs. Carl Ferguson of Proctorville, Ohio.

* * * *

ELLIOT MOSES NAMAY, M. D.

Dr. Elliot Moses Namay, 46, of Charleston, died on November 6 in that city.

Doctor Namay was born in Charleston on April 30, 1917. He was graduated from the West Virginia University School of Pharmacy, attended the two-year School of Medicine at WVU and received his M. D. degree in 1945 from the Medical College of Virginia.

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He served an internship at Charleston General Hospital, 1945-46, and later served as a Flight Surgeon in the Medical Corps of the United States Air Force.

Doctor Namay was a member of the Kanawha Medical Society, West Virginia State Medical Association, Southern Medical Association and American Medical Association. He also was a past president of the West Virginia Pharmaceutical Association.

Besides his widow, he is survived by four daughters, Gigi Ann, Tamara Sue, Rose Marie and Nina, all at home; three sons, Elliot, Daniel and David Lee, all at home; his mother, Mrs. Edna Namay of Charleston; three sisters, Miss Freda Namay and Mrs. Vida Farris of Charleston, and Mrs. Violet Salem of Grundy, Virginia; and a brother, Sleyman Namay of Los Angeles, California.

* * * *

HENRY LAWRENCE ROBERTSON, M. D.

Dr. Henry Lawrence Robertson, 88, of Charleston, died on October 22 at a hospital in that city after a long illness.

Doctor Robertson, who had practiced more than half a century in West Virginia before illness forced his retirement in 1962, was a native of Glasgow, Scotland, and spent his boyhood in Canada.

He received his M. D. degree in 1904 from the University College of Medicine in Richmond, Virginia, and that same year began his practice in the mining community of Ward in Kanawha County. In 1930 he was awarded a fellowship to the New York College of Physicians and Surgeons in internal medicine. He returned to Charleston in 1932.

When Doctor Robertson transferred his practice to Charleston there was no capping service for student nurses. He originated the program and for many years conducted the services, the first being held in his office.

During World War I he served as a surgeon with the Royal Canadian Air Force.

Doctor Robertson was an honorary life member of the Kanawha Medical Society, West Virginia State Medical Association and American Medical Association. He was a Fellow of the American College of Physicians.

He is survived by a daughter, Mrs. Athol Barclay of Coral Gables, Florida, and two grandchildren.

* * * *

ALBERT PIERCE TRAYNHAM, M. D.

Dr. Albert Pierce Traynham, 76, of Sweetsprings, Monroe County, died on November 5, at his home in that community.

Doctor Traynham, a former superintendent of the Andrew S. Rowan Memorial Home, was a native of Halifax, Virginia, and received his M. D. degree from the Medical College of Virginia. He was a member of the Medical Society of Virginia and the American Medical Association.

Besides his widow, he is survived by a son, Albert C. Traynham of Richmond, Virginia.

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County Societies

CABELL

Dr. Clarence H. Boso was elected president of the Cabell County Medical Society at the regular monthly meeting held at the Hotel Frederick in Huntington on October 10. He succeeds Dr. Jack Leckie.

Other officers named to serve during the coming year are as follows:

Dr. Walter R. Wilkinson, president elect; Dr. Joseph M. Farrell, vice president; Dr. W. L. Neal, reelected secretary; Dr. John F. Otto, Jr., treasurer; and Dr. Wilson P. Smith, Board of Censors.

Drs. Ray Russell Hagley, George Benton Irons, Jr., and Dennis Stephen O'Connor were unanimously elected to membership in the Society.

Dr. Geoffrey T. Mann of Richmond, Virginia, Professor of Forensic Medicine at the Medical College of Virginia and Chief Medical Examiner for the Commonwealth of Virginia, was the guest speaker. He discussed some interesting and unusual aspects of his work as Medical Examiner and his pictures of problem cases added immeasurably to his commentary.—W. L. Neal, M. D., Secretary.

HARRISON

Dr. Roy Greening of Philadelphia was the guest speaker at the regular monthly meeting of the Harrison County Medical Society which was held at the Stonewall Jackson Hotel in Clarksburg on November 7.

Doctor Greening, radiologist at Jefferson Hospital in Philadelphia, delivered an interesting paper on "Arteriography," discussing x-ray methods of selective arterial segment study by means of radio opaque material.

Dr. Robert S. Wilson, the president, presided at the business meeting and Dr. J. D. H. Wilson introduced the speaker.

* * * *

McDOWELL

The regular monthly meeting of the McDowell County Medical Society was held at Grace Hospital in Welch on September 11.

Dr. Dante Castrodale, the president, presided at the business meeting and he named Dr. Ray E. Burger to the Society's entertainment committee.

A movie on "Diuresis" was presented for the 18 members present.—J. Hunter Smith, M. D. Secretary.

* * * *

MERCER

The regular monthly meeting of the Mercer County Medical Society was held at the West Virginian Hotel in Bluefield on September 16.

The guest speaker was Dr. M. J. Hornowski of Ash-

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ville, North Carolina, who gave an interesting talk on the subject of "Capital Punishment."

During the business session, a report was presented on the Sabin Oral Polio clinics which have been conducted in Mercer County. It was suggested that there be a uniform charge for the polio vaccine in the county. —J. Brookins Taylor, M. D., Secretary.

★ ★ ★ ★

MONONGALIA

Dr. Robert S. English of Morgantown was the guest speaker at the regular monthly meeting of the Monongalia County Medical Society which was held at the Hotel Morgan in Morgantown on October 1.

Doctor English, a member of the staff of the Department of Dermatology at the West Virginia University School of Medicine, discussed the "Story of Acne."

Dr. C. A. Logue, the president, presided at the business meeting. Dr. John Herman Wolf, Jr., was unanimously elected as a resident member of the Society.—George A. Curry, M. D., Secretary.

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OHIO

Dr. Joseph L. Curry was elected president of the Ohio County Medical Society at the regular monthly meeting which was held in Wheeling on October 22.

Doctor Curry, a member of the Council of the West Virginia State Medical Association and Chairman of its Public Service Committee, succeeds Dr. Charles H. Hiles.

Woman's Auxiliary

to the

WEST VIRGINIA STATE MEDICAL ASSOCIATION

President: Mrs. Pat A. Tuckwiller, Charleston
President Elect: Mrs. George A. Curry, Morgantown
First Vice President: Mrs. Lysle T. Veach, Petersburg
Second Vice President: Mrs. Charles S. Harrison Clarksburg
Third Vice President: Mrs. Joe N. Jarrett, Oak Hill
Fourth Vice President: Mrs. Wilson P. Smith, Huntington
Treasurer: Mrs. Grover C. Hedrick, Jr., Beckley
Recording Secretary: Mrs. Robert J. Tchou, Williamson
Corresponding Secretary: Mrs. James T. Spencer, Charleston
Parliamentarian: Mrs. John W. Hash, Charleston

EASTERN PANHANDLE

The regular monthly meeting of the Woman's Auxiliary to the Eastern Panhandle Medical Society was held at the home of Dr. and Mrs. James A. Duff in Martinsburg on October 9.

The major portion of the meeting was devoted to completing plans for the entertainment of wives of physicians attending the 8th Annual Potomac-Shenandoah Valley PG Institute in Martinsburg, October 25-27. Mrs. N. B. Groves and Mrs. Daniel E. Hendricks were named co-chairmen of the entertainment committee.

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HARRISON

Mr. Thorold S. Funk of Clarksburg, District Director of Vocational Rehabilitation, was the guest speaker at the regular monthly meeting of the Woman's Auxiliary to the Harrison County Medical Society which was held at the Stonewall Jackson Hotel in Clarksburg on November 7.

He discussed "Rural Health and Rehabilitation," covering many highlights of the 16th Annual Rural Health Conference held on October 3 at Jackson's Mill. He urged the group to "use your influence and strength and accept the responsibility for the handicapped of our state in order to continue to move forward."

Mrs. Pat A. Tuckwiller of Charleston, President of the Woman's Auxiliary to the West Virginia State Medical Association, was an honor guest at the meeting which was attended by thirty-six members and guests. —Mrs. Karl A. Dillinger, Publicity Chairman.

* * * *

MARION

Dr. Charles L. Goodhand of Parkersburg, President of the West Virginia State Medical Association, was the guest speaker at a joint meeting of the Marion County Medical Society and Woman's Auxiliary at the Fairmont Hotel in Fairmont on October 29.

Doctor Goodhand, who was introduced by Dr. James E. Wotring, president of the Society, discussed "Communication," which he described as "the vital, basic need between the physician and the layman."

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Orthopedic Surgery:
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G. B. Krivchenia, M. D.

Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibold, M. D.
Robert T. Brandfoss, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.
Frank M. Hudson, M. D.

Internal Medicine:
Charles H. Hiles, M. D.
Albert M. Valentine, M. D.
James A. Jacob, Jr., M. D.

Psychiatry and Neurology:
Albert L. Wanner, M. D.
Stephen D. Ward, M. D.
David H. Smith, M. D.

Roentgenology:
William K. Kolbfleisch, M. D.

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Nancy Fandriest, M. T.

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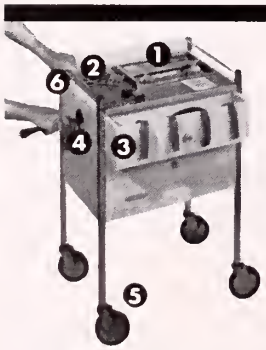

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"The progress of medicine speaks out in thought, word and action," he said. "Organized medicine provides not only all phases of caring for the sick, and the preventive medicine, but protects the public and the profession as well. The grass roots of all communication lies within the local medical group—that between the physician and the layman. It is here that the opinions by the public are formed for whatever strength or weakness this can produce."

Doctor Goodhand also discussed the newly formed Governor's Committee on Mental Health and plans for a guidance program for the mentally ill.—Mrs. Robert B. Hamilton, Publicity Chairman.

★ ★ ★ ★

MONONGALIA

Mrs. Pat A. Tuckwiller of Charleston, President of the Woman's Auxiliary to the West Virginia State Medical Association, was the guest speaker at the regular monthly meeting of the Woman's Auxiliary to the Monongalia County Medical Society which was held at the Lakeview Country Club in Morgantown on November 5.

Mrs. Tuckwiller, who was installed at the 39th annual meeting of the Auxiliary in August at The Greenbrier, discussed the importance of keeping up with current legislation. She pointed out that physicians and their wives must not only work for good medicine, but for good government and the free enterprise system.

Members of the Woman's Auxiliary to the Preston County Medical Society and the wives of interns and residents at the West Virginia University Hospital were guests at the meeting.—Mrs. Louise G. Lawless, Press and Publicity Chairman.

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OHIO

The regular monthly meeting of the Woman's Auxiliary to the Ohio County Medical Society was held at Oglebay Park in Wheeling on October 22.

Mr. Robert E. DiBartolomeo, director of the Oglebay Park Museum, was the guest speaker. He discussed a book he is now writing, "Adam and Barbara—A Civil War Tragedy."

Mrs. Herbert G. Dickie, Jr., the president, presided at the business meeting. Hostesses for the luncheon were Mesdames M. D. Reiter, Gregory B. Krivchenia, Robert J. Reed, III, William Carroll Boggs, J. G. Thoner, D. E. Greeneltch and Robert S. Robbins.

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RALEIGH

The regular monthly meeting of the Woman's Auxiliary to the Raleigh County Medical Society was held at the home of Dr. and Mrs. F. Vivan Lilly in Beckley on October 14.

Mrs. Roger E. Wilcox, chairman of the Health Committee, announced that the Auxiliary had purchased 250,000 multiple vitamin capsules to be given to more than 2,000 children in Raleigh County schools.

Mrs. John J. Marra, the president, expressed the Auxiliary's appreciation to Dr. Ross P. Daniel, director

of the Raleigh County Health Department, and to the Raleigh County Medical Society for their assistance in the program.

* * * *

WOOD

The fall season of the Woman's Auxiliary to the Parkersburg Academy of Medicine opened with a dues tea at the home of Dr. and Mrs. E. B. Holmes in Parkersburg on October 15.

Guests were greeted by Mrs. Charles W. Thacker, the president, and Mrs. Holmes. Hostesses for the tea were Mesdames Thomas L. Harris, Lawrence R. Leeson, Alfonso Morales, David B. Thornburgh and Harold W. Ulch.

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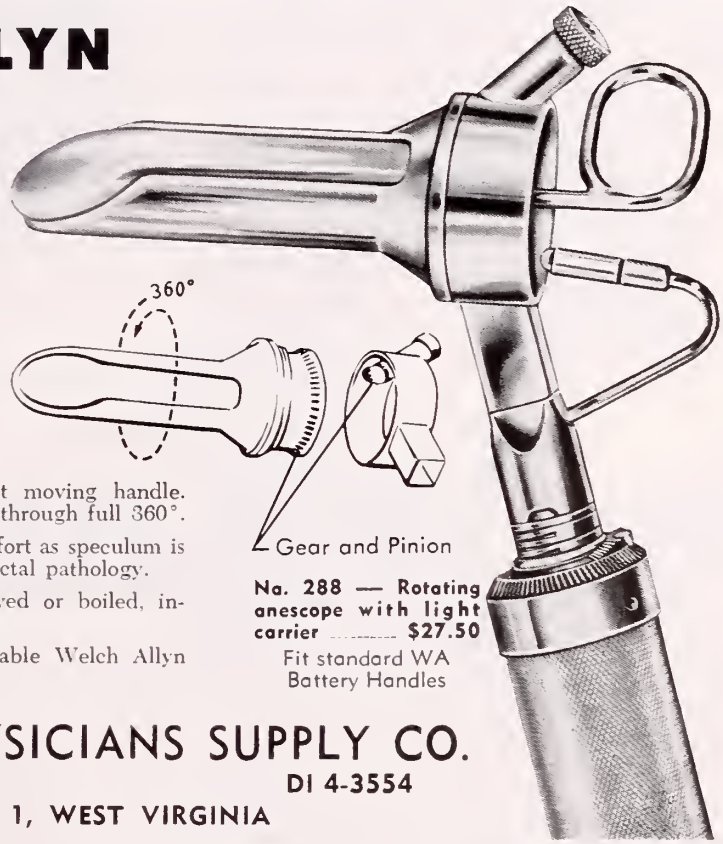

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Book Reviews

ORGANIZATION AND ADMINISTRATION IN WORLD WAR II.—Prepared and published under the direction of Lt. General Leonard D. Heaton, Surgeon General of the United States Army. Editor in Chief: Colonel John Boyd Coates, Jr., MC, USA. Pp. 613. 1963. Office of the Surgeon General, Department of the Army, Washington, D. C.

This volume and others in the series are published under the direction of the Surgeon General, U. S. Army.

In order to meet the demands of World War II, the Medical Department of the United States Army expanded from a Service equipped to support a peacetime Army of some 200,000 (most of these in the Zone of the Interior) to one that provided the best in medical and surgical care for more than 8,000,000 American soldiers serving on a war footing on every continent and under the most varied conditions of climate and terrain.

The rapid expansion of the Medical Department from ten pre-war divisions to forty by March, 1942 caused it to be placed under the Army Service Forces. In time of War, guns and ammunition are apt to have priority over medical matters—buildings for warehouses may be constructed in advance of those for hospitals. Yet, every commander expected the wounded to be treated and evacuated from the combat zone and hospitalized with precision and dispatch.

Lt. Gen. Leonard D. Heaton, the Surgeon General, states: "If one single lesson stands out among those learned by the Medical Department in World War II it is this: that at every important level of Command, the Surgeon, if he is to carry out his mission effectively and well, must be an active and distinct member of the Commander's Staff. His position should not be subordinated nor included within any other Staff member's office."

This volume consists of 12 chapters, 2 appendixes and covers 613 pages. This volume is of special interest as it covers the Medical Department from its organization within the War Department to the C.B.I. Medical

New Saunders Books

W. B. Saunders Company features the following new editions in their full page advertisement appearing on page vii in this issue:

Atomic Energy Encyclopedia of the Life Sciences—Edited by C. W. Shilling. A unique new volume for those seeking general information on applications and effects of atomic energy in the fields of medicine, biology and agriculture.

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Department and its medical administrative problems. It is enlightening to read that, considered as a whole, the officer personnel of the Medical Department was more highly specialized than that of the other services.

This volume is profusely illustrated and many familiar faces are seen. The enormous detail contained can be best appreciated by reading those sections devoted to the particular "Theatre of Operations" in which one has served, or in the Zone of the Interior. Six chapters are devoted to the various Theatres. The Lend-Lease Act of 1941 accounted for much of the Medical Department's later difficulties with Medical Supply of the Army.

The Epidemiology Division is informative in its control of malaria and the widespread occurrence of jaundice in soldiers throughout the world.

In Chapter V, The Wadham's Committee investigation in 1942 of the Medical Department Administration is of more than passing interest.

As one reads along it becomes readily apparent that all doctors and members of allied sciences, and even those who did not serve in the last war should read this important volume if only for general information of the enormous scope of the Medical Department of the U. S. Army, for some day, sometime, somewhere he may suddenly find himself or herself a member of the Medical Corps.

Radiology:
KARL J. MYERS, M. D.

Pathology:
S. D. WU, M. D.

Surgery:
HU C. MYERS, M. D.
A. KYLE BUSH, M. D.

Gynecology and Obstetrics:
RAYMOND W. CRONLUND, M. D.

Internal Medicine:
JOHN E. LENOX, M. D.
J. L. RITTMEYER, M. D.
ERNEST G. GUY, M. D.

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CORA C. LENOX, M. D.

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Many physicians of this State were in Naples during the typhus epidemic in December, 1943.

The clean-up of Manila by Colonel Maurice Pincoffs, Chief Medical Consultant, USAFFE, is most remarkable.

Indeed, this volume is so meticulously prepared that the critics of our Medical Department during the ordeal of World War II should be obligated to read it if only to be informed and to discover how short their criticism has fallen.

The concentrated efforts by so many, so aptly described in this volume allows one to be justly proud, and to include it in his or her library.—C. Frederick Fisher, M. D.

★ ★ ★ ★

REVIEW OF PHYSIOLOGICAL CHEMISTRY—By Harold A. Harper, Ph.D., Professor of Biochemistry, University of California School of Medicine, San Francisco. Pp. 437. Offset-print with numerous diagrams. Soft Bound. Lange Medical Publications, Los Altos, California. 1963. Ninth edition. Price $6.00.

This large manual of biochemistry contains some 22 chapters, each with a conventional title, such as—Carbohydrates—Vitamins—Detoxication. In this fashion, the major subdivisions of the subject are covered. There also is an appendix which discusses physical chemical principles, and an adequate index. The material is well organized and integrated.

The text is surprisingly detailed and comprehensive in technical facts. Words are conserved by extensive use of tables and chemical structural formulas. Introductory and parenthetical explanations are eliminated. Each chapter is followed by an up-to-date bibliography. Important procedures and tests are outlined. There is a "no nonsense, let's get down to brass tacks" feel to the author's presentation.

Errors exist. For example, on p. 26, under classification of amino acids, the "three hexone bases" should be so listed as to include L-histidine but to exclude L-hydroxylysine. Also, the term "hexone base" is archaic, essentially meaningless and should be deleted. On p. 32, the figure for "alpha helix structure of a protein" is left-handed. Not only is the right-handed form favored on theoretical grounds but it is the form found by actual experiment.

Omission of essential subject matter is relatively negligible. However, it would seem appropriate for a future edition to mention vanillylmandelic acid (VMA) in view of its clinical importance.

Therefore, this book is recommended, as qualified by the examples above, for review or refresher purposes to medical students, candidates for state, national and specialty board examinations and to clinicians engaged in postgraduate work, where economy of reading time is mandatory.

This handbook may be purchased at but a fraction of the price of a hard-back text.—James B. Gilbert, M. D.

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FDA Reorganization Upgrades Scientific Aspects of Work

The Food and Drug Administration has been reorganized to upgrade the scientific aspects of the agency's work. The new setup adopts major features from recommendations of a citizens advisory committee report in October, 1962.

HEW Secretary Anthony Celebrezze said that "an important feature of the reorganization is the upgrading of the scientific functions. I expect the reorganization to improve FDA operations all along the line . . ."

An important feature of the reorganization will be the appointment of a National Advisory Council to FDA. It will advise the Administration on national needs and the effectiveness of program policies. A new Associate Commissioner, who will be a scientist, will give leadership from the Office of the Commissioner to the programs and functions having to do with medicine, science and research.

Two new bureaus with scientific activities were established—a Bureau of Scientific Research, supporting FDA's basic mission of consumer protection, and a Bureau of Scientific Standards and Evaluation, which will handle safety clearance functions.

Some folks as they grow older grow wiser, but most folks simply grow stubboner.—Josh Billings.

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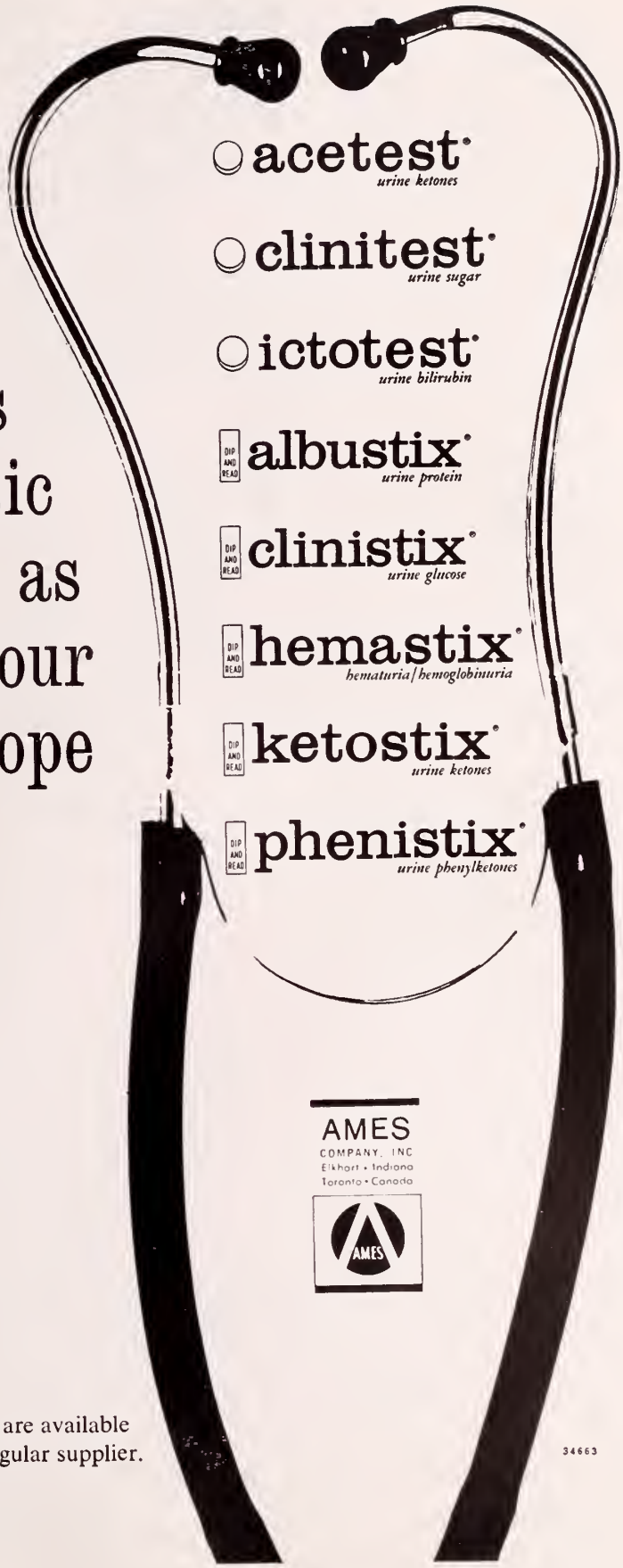

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